



## Regional High School Athletic Training Program Donation/Pledge Form

### Donor Information:

Your Name (please type or print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: / \_\_\_\_\_ Evening Phone: / \_\_\_\_\_ Cell Phone: / \_\_\_\_\_

Email: \_\_\_\_\_

*Please note: To receive email updates and other information, please provide your email. If you prefer not to receive email updates, do not include your email address. All email addresses are kept confidential and not shared.*

I/we pledge to the Regional High School Athletic Training Program Fund Drive in the sum of: \$ \_\_\_\_\_

- To be paid as follows:**  Paid in full (payment enclosed)  
 Pledge payment installments to follow schedule below (up to five years)

### Method of Payment:

AMOUNT	DATE	AMOUNT	DATE
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____		

- My payment of \$ \_\_\_\_\_ is enclosed (**Please make check payable to Pullman Regional Hospital Foundation**)
- Please charge my credit card in the amount of \$ \_\_\_\_\_  
 American Express  Visa  MasterCard  Discover
- Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I/we would like our name to appear as follows in the published recognition listings (please print):**

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for the investment you have made in the future of our community's health care.  
Your contributions are greatly appreciated.

**Pullman Regional Hospital Foundation**  
**840 SE Bishop Blvd, Suite 200, Pullman, WA 99163**  
**509-332-2046**

Your gift is tax-deductible as defined by law. In compliance with IRS regulations, the PRH Foundation informs the donor that no goods or services were provided in exchange for this gift.