



Pledge Agreement Form

I am pleased to make a pledge to Johnson Health Center (JHC) in the amount of \$_____ over _____ years in support of JHC's ongoing mission to improve access to healthcare for all.

- Capital Campaign
- Annual Operating

I would like to fulfill my Pledge in the amount of \$_____:

- Monthly
- Quarterly
- Yearly

Donor Information

Donor Name: _____

- Do you wish to be anonymous?
- Is this gift dedicated to someone?

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

All checks should be made payable to: Johnson Health Center

If recurring Credit Card Payment, please contact Marc Propst at (434) 439-0661.

Please mail checks to the following address:

Johnson Health Center
Attn: Finance
134 Elon Road
Madison Heights, VA 24572

Donor Signature: _____ Date: _____

Please note that your gift may be tax-deductible. Please consult with your tax advisor to be well informed on this deduction.