Giving for a Healthier Future!

A gift to the Endowment Funds of the hospitals and related organizations of the Community Healthcare System offers health and hope to many individuals. Your charitable donation will help to ensure that the highest quality healthcare services are available in our community today – and tomorrow!

Endowment Pledge Card

- **Please apply my gift to:**
  - ☐ Community Healthcare System General Endowment
  - ☐ Community Hospital Medical Technology Endowment
  - ☐ St. Mary Medical Center Surgery Endowment
  - ☐ St. Catherine Hospital Technology, Screening and Education Endowment
  - ☐ Community Hospital Cancer Research Foundation Endowment
  - ☐ Other Designation _____

- **Gift Amount:**
  - ☐ $10,000 ☐ $5,000
  - ☐ $1,000 ☐ $500
  - ☐ Other _____
  - ☐ One-time gift (check enclosed)
  - ☐ Multi-year or multi-payment pledge Payment timeline _____

- **Please send me a reminder before each pledge payment is due:**
  - ☐ Quarterly ☐ Bi-annually
  - ☐ A reminder is not necessary

- ☐ **Please send me planned giving information.**

All donations are 100% tax deductible.

Date: _____ Name _____

Address: _____

City, State, Zip _____

Day Phone: _____E-mail Address:_____

Please make checks payable to Community Foundation of Northwest Indiana, Inc. (CFNI) and mail completed form to: Development Office / Community Foundation of Northwest Indiana, Inc.; 905 Ridge Road; Munster, IN 46321

Phone: 219-836-0130 Fax: 219-836-0159 Email: plannedgiving@comhs.org