



The Health Center at William Penn Senior High School:
Bringing Access to Affordable, Quality Care for York City Students



Campaign Gift and Pledge Form

I/we want to make a gift today of \$ _____

Check. Make check payable to: Family First Health with "William Penn Health Center" in the memo line.

Mail to: Development, Family First Health, 116 S. George Street, York PA 17401

Credit Card. Make your secure donation via our website at: familyfirsthealth.org/donate/william-penn-campaign

I/we pledge a contribution of \$ _____ (minimum \$2,500 or \$105 per month) to the Health Center at William Penn Senior High School, to be paid over 2 years as follows:

- [] One payment in full, to be made _____ (month) _____ (year)
[] Installment payments of \$ _____ beginning (month) _____ (year) _____
[] Annually [] Quarterly [] Monthly

Please recognize my gift as follows:

[] You may publicly acknowledge this gift.

Recognize this gift as from: _____
(as you wish your name/name of organization to appear)

[] I/we do not wish to have this gift publicly acknowledged. I/we wish for the gift to be anonymous.

[] This gift is made (circle one) in honor of / memory of _____

Name(s) (please print) _____

Organization Name _____

Full Address _____

Email _____ Phone _____

Signature(s)

Date

Your gift may qualify as a charitable deduction for federal income tax purposes. Please consult your tax advisor or the IRS.

Family First Health is a 501(c)(3) organization, EIN 23-7118262.

The official registration and financial information of Family First Health Corporation may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999.

Mail or email your completed pledge form to David Corman, Manager of Donor Relations
dcorman@familyfirsthealth.org