



The Dakota Hospital Foundation Pledge Form

Please Print.

Donor Name(s): _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

PLEDGE COMMITMENT:

I pledge the amount of \$ _____ on or before _____ .
**a reminder will be sent to your email address provided*

I would like to make a recurring donation of \$ _____ on the _____ of every month.
**a reminder will be sent to your email address provided*

I would ask that my membership donation be allocated to the following projects (multiple choices will be equally distributed unless otherwise noted; left blank will be allocated to general/membership):

- General/Membership
- 3D Mammography Project
- Becky and Dave Nelson Healthcare Career Scholarship
- Dennis & Mary Jo Olson, MD Family Medicine Scholarship
- Patrick & Teresa Wingen Family Endowment Vocational School Scholarship
- Wanda and Tim Hannahs Scholarship
- William Dendinger, MD Family Medicine Scholarship
- Employee Crisis Fund

Signature: _____ Date: _____

Please send completed pledge forms to dakotahospitalfoundation@gmail.com or mail/drop off to 20 S Plum Street Vermillion, SD 57069 attn: Dakota Hospital Foundation

Options to process donation:

Cash, check (payable to the Dakota Hospital Foundation), ACH (provide voided check) or by clicking on the DONATION tab on the dakotahospitalfoundation.org website.

With much gratitude, we thank you for your pledge commitment.