



PRAIRIE LAKES
Healthcare Foundation



Prairie Lakes Healthcare Foundation Mission

Healthcare is a vital component of a community's quality of life. Prairie Lakes Healthcare Foundation exists to raise funds with which to support and advance the healthcare services through Prairie Lakes Healthcare System.

PLEDGE FORM

Prairie Lakes Healthcare Foundation
401 9th Avenue NW, Watertown, SD 57201
605-882-7631
foundation@prairielakes.com

Thank you for participating in the We Give Giving Campaign through the Prairie Lakes Healthcare Foundation. Please complete, sign, and return the original form to the Foundation Office.

Last Name _____ First Name _____

Sodexo Employee Board Member Volunteer

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

I do not wish for my name to be displayed as a donor to the Prairie Lakes Healthcare Foundation.

Ways to Give

Payment Options

Four Equal Payments (November/December/January/February)

Total gift \$ _____ Amount per payment \$ _____

Enclosed is the first payment of \$ _____ Check # _____ Cash

One-Time Gift:

Total gift \$ _____ Check # _____ Cash

Wheat Club Member Eligibility

- **New Wheat Club Members must give a minimum donation of \$52 annually**
- **Returning Wheat Club Members must increase giving by an additional \$26 annually**
- **Donations of \$260 annually or more will automatically qualify you as a Wheat Club Member**

Unless you designate otherwise below, your gift will be donated to the general fund to be used in the areas of greatest need to provide resources for multiple hospital departments.

SIGNATURE

DATE

Thank you for your generous gift, which is 100% tax-deductible as allowed by law. We promise to use your gifts to support and advance healthcare services at Prairie Lakes Healthcare System.

If you have any questions about this form, please contact Lisa Dahl, Foundation Executive Director, at 605-882-7631.