



Monthly Donation Pledge Form

Yes, I want to become a Terry Reilly Sustainer by making a monthly donation, helping ensure primary care is available to all.

I would like to join by making a monthly donation at the following level for next 12 months:

- | | |
|--|--|
| <input type="checkbox"/> \$10 a month (\$120) a year | <input type="checkbox"/> \$30 a month (\$360) a year |
| <input type="checkbox"/> \$15 a month (\$180) a year | <input type="checkbox"/> \$41.66 a month (\$500) a year |
| <input type="checkbox"/> \$20 a month (\$240) a year | <input type="checkbox"/> Other: _____ a month (\$_____ a year) |

Please designate my gift:

- Greatest Need Medical Dental Mental Health/Sane Solutions Endowment

Name on credit/debit card: _____

Address where statements are received

Street: _____ City State Zip: _____

Phone number linked to credit card: _____

Card name (Mastercard, Visa, Discover): Circle one

Card number: _____

Exp. Date: ___/___/___ 3 digit security code from back of card: _____

"I authorize a monthly charge on this card in the amount of \$_____. This charge will continue for one year from date of my signature or until I revoke this charge in writing, whichever time is less."

Signature

Thank you so much for your continuing commitment to our healing mission.

Questions? Contact Ann Sandven, Terry Reilly Health Services, 208-318-1258 or asandven@trhs.org

Return to: Terry Reilly Health Services, 211 16 Ave. N., PO Box 9, Nampa, Idaho, 83653-0009