



## Pledge Card

**YES, I WANT TO MAKE A DIFFERENCE IN MY COMMUNITY'S HEALTH TODAY!**

Your gift to the Cannon Memorial Foundation will directly affect our community. Your financial contribution will be used to purchase life-changing equipment, help continue the Nursing Education program, establish new practices and physician specialists, support local community health impact effort, or help with the greatest needs for AnMed Health Cannon to meet the needs of the community. Our goal is to continue to offer quality and compassionate care to our patients.

Please choose from several levels of giving to meet your charitable donation goals while supporting the Cannon Memorial Foundation.

### Annual Giving Levels

President's Club	\$10,000+
Benefactors	\$5000+
Patrons	\$1000+
Friends	\$250+
Other	\$_____

### I would like my donation to go towards:

- Greatest Need
- Nursing Education Program
- Community Health Impact

### Member benefits include, but are not limited to:

- Name listed on Donor Wall in AnMed Health Cannon lobby.
- Invitation to "members only" special events

For more information about giving to the Cannon Memorial Foundation, please call the Foundation office at 864-898-1340 or visit [www.anmedhealthcannon.org/foundation/](http://www.anmedhealthcannon.org/foundation/)

- Yes, I would like to support the Cannon Memorial Hospital Foundation and the work it does for AnMed Health Cannon Hospital and local community health impact programs.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

A one-time gift of: \$ \_\_\_\_\_

An annual gift of: \$ \_\_\_\_\_

A monthly gift of: \$ \_\_\_\_\_

Cash/Check (make checks out to Cannon Memorial Hospital Foundation)

Please charge my contribution of \$ \_\_\_\_\_ to

Visa     MasterCard     AmEx     Discover

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on card:

Signature:

In (circle) honor or memory of:

Please send acknowledgement to (Name and address):

- Please contact me about including The Cannon Memorial Hospital Foundation in my will and/or estate planning.

Contributions are tax deductible to the full extent provided by law.

**Please submit your gift by mailing a check to:**

The Cannon Memorial Hospital Foundation

P.O. Box 188, Pickens, SC 29671

On behalf of those who will benefit from your gift,



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Pickens, South Carolina 29671  
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[www.anmedhealthcannon.org](http://www.anmedhealthcannon.org)