



Thank You for Your Generous Commitment

With lifetime giving of \$25,000 or more, you are recognized as a member of the Galen Society, a group of visionary donors shaping the future of healthcare at VHC Health. Your pledge helps advance exceptional care, research, and technology—improving lives across the diverse communities we serve.

My Gift or Pledge

\$25,000 \$50,000 \$75,000 \$100,000 Other: _____

I/We wish to make our pledge over _____ years (not to exceed 5 years), with our first payment on _____

Please Designate My Gift To

VHC Health's greatest need A specific area of care: _____

Recognition Preferences

I/We wish to remain anonymous.
 Please recognize my/our contribution publicly as: _____

Payment Options

Check Credit Card Stock/Securities Other: _____

Your Information

Preferred Name(s): _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: (_____) _____ Home Cell Work

Email(s): _____

Signature: _____ Date: _____