



# 1882 Society

I will become a member of the 1882 Society with a tax-deductible contribution to the Proctor Health Care Foundation in the amount of

\$ \_\_\_\_\_ Total (Gift or Pledge)

\$ \_\_\_\_\_ Payment Enclosed  Check  MasterCard  Visa  Discover

Credit card number \_\_\_\_\_

Expiration \_\_\_\_\_ 3-digit security code \_\_\_\_\_

\$ \_\_\_\_\_ Balance to be paid over a period of \_\_\_\_\_ years (five-year maximum)

Pledge payments will be made beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

Thereafter, pledge payments will be made:

Quarterly  Semi-Annually  Annually  Other: \_\_\_\_\_

Please use this gift where the need is greatest.

Please contact me to discuss how I would like my gift to be used.

Please send me information on how I can include the Proctor Health Care Foundation in my estate plans.

Name(s) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone (HOME) \_\_\_\_\_

(BUSINESS) \_\_\_\_\_

E-mail \_\_\_\_\_

I wish to remain anonymous.

I wish my names(s) to be listed along with other donors as follows:

\_\_\_\_\_

This gesture of support is being made:

In Honor of:  In Memory of:

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to:  
Proctor Health Care Foundation  
5409 North Knoxville Avenue \* Peoria, Illinois 61614  
This Letter of Intent is not legally binding.  
The Foundation is a non-profit 501(c)(3) organization.  
Gifts are tax deductible as prescribed by law.  
THANK YOU!