

2011 LEADERSHIP CAMPAIGN PLEDGE FORM
FAMILY HEALTH FOUNDATION OF OKLAHOMA

I hereby support the work of the Foundation this year with the enclosed pledge.

Name _____
(as it should appear in our Annual Report: e.g., Joe Smith, M.D., Dr., Drs., Dr. and Mrs., etc.)

Annual Fund Donor Recognition Clubs

_____ The Founders Club (\$2,500+)	_____ Patrons (\$500-\$999)
_____ <i>The 1947 Circle</i> (\$5,000+)	_____ Benefactors (\$250-\$499)
_____ <i>The 1958 Circle</i> (\$2,500-\$4,999)	_____ Sponsors (\$100-\$249)
_____ The Presidents Club (\$1,000-\$2,499)	_____ Friends (\$1-\$99)

Total Pledge: _____

(Please check all that apply)

I will make payments:

- _____ annually
- _____ quarterly
- _____ monthly
- _____ other _____

_____ Please bill me.

I have enclosed a **check** for:

- _____ partial payment on my pledge
- _____ full payment of my pledge

_____ Please charge my **credit card**.

Amount: \$ _____

_____ VISA _____ MasterCard

Account # : _____

Expiration date: _____

Signature: _____

_____ I would like to designate my support for:

- _____ Future Physicians for Oklahoma (FPO)
- _____ Family & Community Medicine Interest Group (FCMIG)
- _____ Oklahoma Physicians Resource/Research Network (OKPRN)
- _____ Tar Wars Tobacco-Free Prevention Program
- _____ Other: _____

_____ I have included in my will or estate plan- the Family Health Foundation of Oklahoma.

_____ I am interested in including in my will or in making some other deferred gift to-the OAFP Foundation. Please contact me.

_____ I wish to make my gift:

in memory of: _____

in honor of: _____

Please send an acknowledgment to:

Please return this form and your contribution to:

Family Health Foundation of Oklahoma

Fifty Penn Place

1900 NW Expressway, Suite 501

Oklahoma City, OK 73118-1805

Fax (405) 840-0138

Questions? Call Sam Blackstock, CAE at (405) 842-0484 or email blackstock@okafp.org