

# Pledge Form

## Family Health Foundation of Oklahoma

The mission of the Foundation is to improve the healthcare for Oklahoma, specifically in the rural underserved areas. It does this by ensuring the future of family medicine through the promotion of the specialty and the support of educational activities for medical students and residents in the area of family medicine.

### Donor Information (please print or type)

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

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  now  monthly  quarterly  annually

I (we) plan to make this contribution in the form of:  check  credit card

Credit card type | Exp. date \_\_\_\_\_

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

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

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

Please make checks payable to:

Family Health Foundation of Oklahoma  
12316A North May Ave., Ste. 231  
Oklahoma City, OK 73120