

**MURRAY COUNTY HEALTHCARE FOUNDATION, INC.**  
*"Caring Starts with Me!"*

**Capital Campaign**  
**Gift Intention Form**

I/We, \_\_\_\_\_, wish to support the Murray County  
(name)  
Healthcare Foundation's Capital Campaign to provide equipment for the new Arbuckle Memorial  
Hospital in the amount of \$\_\_\_\_\_.

My/Our gift will be completed over \_\_\_\_\_ years, beginning in \_\_\_\_\_ of 2008.  
(1 to 5) (month)

I/We will complete my/our pledge in the following manner:

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually

Pledge reminders will be mailed to you according to your designation above.

Make checks payable to Murray County Healthcare Foundation, Inc. (MCHCF)  
Mailing address: MCHF- Attention: Janie Brewer, Development Coordinator – P.O. Box 1138 –  
Sulphur, Oklahoma 73086

I/We wish to pay my/our pledge by credit card. (VISA/Master Card/Discover)

Account # \_\_\_\_\_ Expires \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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Recognition: Publications and Donor Wall in the new hospital (specific gift amounts are not disclosed)

\_\_\_\_\_  
Print Name(s) as you would like it to appear in any form of recognition.

\_\_\_\_\_  
Address City, State Zip

\_\_\_\_\_  
Phone e-mail address

(If you wish your gift to remain anonymous, please indicate. \_\_\_\_\_yes \_\_\_\_\_no)

**Thank You!**