



Gift Pledge Form

The "Next Chapter" involves expansion of the present Mille Lacs Health System facilities to include:

1. Replacing the current double-occupancy hospital rooms into 18 private rooms;
2. Expansion and revamping the Emergency Department;
3. Reconfiguring the kitchen and cafeteria facilities;
4. Relocation and expansion of parking and helipad areas;
5. Addition of a chapel and spiritual/meditation room.

Yes, I/We would like to support the Mille Lacs Health System and the Mille Lacs Area Foundation "Next Chapter" expansion.

Gift Commitment: _____

Name(s): _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Contact: **Phone(s):** _____

Email(s): _____

No, not at this time though please contact me at a future date.

All gifts are tax deductible to the extent allowable by current law and should be made payable to: **Mille Lacs Area Health Foundation. Mailing Address: 200 Elm Street N · Onamia, MN · 56359**

Signature of Donor **Date**

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Please print how you wish your name(s) and/or company to appear on our membership list:

Name(s)/Company Name

How would you like your gift recognized?

- Name: _____
- In Memory of: _____
- In Honor of: _____
- Naming Opportunity: _____ or anonymous _____

I would like to manage my gift as follows:

- Annual Payment: _____ Date to be paid: _____
- Semi-annual Payment: _____ Dates to be paid: _____
- Quarterly
- Monthly
- Check
- Credit Card: _____ Exp Date: _____ Security Code: _____
- Stocks/Other Assets: _____
- For employees, one-time payment of _____
- For employees, payroll deduction of \$ _____ per pay period

Gemstone Circle Giving Levels:

- ❖ **Major Gift with Naming Opportunities:** A gift of \$25,000 or more, payable up to three to five years.
- ❖ **Special Gift:** A gift of \$10,000 or more payable up to 10 years.
- ❖ **One Time Gift:** A one-time gift of \$100 - \$10,000.
- ❖ **Annual Pledge:** A gift of any amount payable over time.

A gift of any amount will be recognized.



Mille Lacs Health System

Katie Coster

Next Chapter Project Development Specialist

Office: (320) 532-2841 200 Elm Street North
Cell: (218) 513-6478 P.O. Box A
Fax (320) Onamia, MN 56359-0807
kcoster@mlhealth.org www.mlhealth.org