

2024 Pledge Form

Please complete both sides of this form and attach additional sheets if necessary. Make checks payable to Northern Light Seabasticook Valley Hospital Foundation.

Participant Information

Participant Name:	Team Name (if applicable):		
Mailing Address:	City:	State:	ZIP:
Phone Number: ()	Email:		

9 simple ways to be a top fundraiser

- | | | |
|---|---|-----------------------------|
| 1. Set your goals high | 4. Ask for support from your Facebook friends | 7. Get matching gifts |
| 2. Ask everyone you know to donate \$5 | 5. Share a video of your training on social media | 8. Hold your own fundraiser |
| 3. Write a letter or send emails to acquaintances | 6. Compete with friends | 9. Thank your donors! |

Donor information

To ensure you receive proper credit for your fundraising efforts, complete the information below for each gift included with this form. Be sure that you have enclosed payment for each donor listed on this form.

Donor Name	Mailing Address, City, State, ZIP	Phone Number or Email Address		Donation Amount	Payment Method	
					Cash or Check	Check #
1.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
2.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
3.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
4.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
5.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
6.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
7.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
8.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	

* Northern Light Seabasticook Valley Hospital is a nonprofit 501(c)(3) organization. SVH's tax ID number is 01-0263628. Gifts to SVH are tax deductible to the full extent of the law. If you do not wish to receive further information about fundraising efforts supporting SVH's services, programs, and charitable mission, please contact Northern Light Health Foundation toll free at 866.839.4483 or check the box above.

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Donor Name	Mailing Address, City, State, ZIP	Phone Number or Email Address		Donation Amount	Payment Method	
					Cash or Check	Check #
9.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
10.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
11.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
12.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
13.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
14.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
15.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
16.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
17.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
18.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
19.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
20.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
21.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
22.			<input type="checkbox"/> *	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	

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Total Enclosed	\$
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Return forms at the event or by mail to:

Northern Light Seabasticook Valley Hospital Foundation
 447 North Main Street
 Pittsfield, ME 04967

For More Information:
 Call 207.487.4036 or visit
northernlighthealth.org/SVHWalk



Do not mail cash.