

CIRCLE OF GIVING SOCIETY COMMITMENT FORM

Yes! I want to show my support for world-class care, here in the Texas Hill Country.
Today. Tomorrow. Always.

1. DONOR INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

2. GIFT LEVEL

☐ **AMETHYST** (\$500–\$2,499): \$ _____

☐ **EMERALD** (\$2,500–\$9,999): \$ _____

☐ **SAPPHIRE** (\$10,000–\$24,999): \$ _____

☐ **RUBY** (\$25,000–\$49,999): \$ _____

☐ **DIAMOND** (\$50,000 and above): \$ _____

☐ I (We) grant permission to publish
my name in recognition as follows:

☐ I (We) wish for our gift to remain
anonymous.

3. METHOD OF PAYMENT

☐ Check enclosed (payable to Peterson Health Foundation)

☐ Credit Card (Visa / Mastercard / Discover / AmEx)

Card Number _____

Expiration Date _____ Security Code _____

☐ Donate securely online by scanning the QR code to the right



OR

PLEDGE

I will fulfill my commitment for this year on the following schedule:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually, on or before ____ / ____ / ____

☐ We gratefully welcome contributions from donor-advised funds, IRA required minimum distributions, gifts of real estate/property, planned giving, and other gift models. Check the box if you wish to be contacted regarding these opportunities.