



Giving Today for a Healthier Tomorrow | Cancer Care Close to Home

Shenandoah Medical Center Foundation is a 501(c)(3) non-profit organization with the sole purpose of advancing the Shenandoah Medical Center. Through the generosity of our valued donors, the Shenandoah Medical Center Foundation makes a difference in the lives of many people in our community and other areas in Southwest Iowa.

I (we) pledge a total of:

Input fields for donation amounts: \$5, \$10, \$25, \$100, \$250, \$500, Other: _____

Frequency of payment:

Input fields for payment frequency: Monthly, Annually, One Time

I would like to make my donation by:

Input fields for donation method: Cash, Check (Please make checks payable to SMC Foundation), Credit Card

Card No. _____ Exp. Date _____ CVV _____

Signature (for credit card payment) _____

ACH

Financial Institution: _____ City, State, Zip: _____

Account Type: Checking Savings

Routing Number: _____ Account Number: _____

I/we hereby authorize the Shenandoah Medical Center Foundation to initiate debit entries to my/our checking/savings account at the Financial Institution indicated, effective _____. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effective until the Shenandoah Medical Center Foundation receives written notification from me/us of termination, in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it.

Contact Information

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____