

# Pledge Form



**MERCY & WISDOM**  
COMMUNITY HEALTH CLINIC

12B Mercy & Wisdom Community Health Clinic

Helping the low income and underinsured to achieve health through integrated medical care and education.

**Donor Information (please print or type)**

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

**Pledge Information**

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  check  credit card  other

Credit card type | Exp. Date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:  
Mercy & Wisdom Community Health Clinic

0B12B Mercy & Wisdom Community Health Clinic  
7411 SE Powell Blvd  
Portland, OR 97206