



Block Island Health Services, Inc.
The Block Island Medical Center

To the Board of Directors of Block Island Health Services, Inc.,

The undersigned hereby pledge \$_____ to Block Island Health Services, Inc.

I/we would like my/our Capital Campaign gift to go to:*

___ *Medical Center Expansion and Renovation*

___ *Endowment for Sustainability*

___ *Please use this gift where most urgently needed*

This pledge will be paid in equal monthly ___ quarterly ___ annual ___
(please check one)

installments of \$_____, to be paid in full by _____.
(end date)

For recognition, I/we would like to be listed as follows:

Sincerely,

Signature Name Date

Signature Name Date

Contact Information: _____
Phone Email

Gratefully accepted on behalf of Block Island Health Services by:

Signature Name Date

** As Capital Campaign goals become fully funded, the BIHS Board of Directors may designate additional contributions by need.*