

Order of the Good Samaritan

The Order of the Good Samaritan is a group of caring and engaged individuals whose charitable support is essential to helping Frederick Health achieve its mission.

Members contribute \$10,000 or more, either through a one-time gift or a pledge paid over a period of up to 10 years. Your investment in Frederick Health, through membership in the Order of the Good Samaritan, will positively impact countless lives in our community.

Membership Levels

President's Circle - \$100,000+

Benefactor - \$75,000

Patron - \$50,000

Fellow - \$25,000

Member - \$10,000

Members receive the following recognition:

- Invitation to two annual, exclusive donor recognition events
- Name included on the Frederick Health Donor Wall and in the Frederick Health Donor Report
- Special updates on Frederick Health programs, services, and activities

Ready to join?

Complete the form on the reverse side of this page and return to:

**Frederick Health Hospital
Development Office
400 West 7th Street
Frederick, MD 21701**

Frederick Health Hospital is a 501(c)(3), not-for-profit organization. All gifts are tax-deductible as allowed by law.

YES! Please add me/us as the newest member(s) of the Order of the Good Samaritan with a pledge at the following level (payable over 10 years):

- President's Circle – \$100,000+ Fellow – \$25,000
 Benefactor – \$75,000 Member – \$10,000
 Patron – \$50,000

Donor Information & Pledge Authorization

RECOGNITION NAME

(This is how your name will appear in donor publications. For example, Jack & Jill Smith or Mr. & Mrs. Jack Smith.)

ADDRESS

CITY

STATE

ZIP

EMAIL

PREFERRED PHONE Home Cell Business

MEMBER NAME

BIRTH DATE

MEMBER NAME

BIRTH DATE

SIGNATURE

DATE

Pledge Information

Pledge payments can be made via a one-time gift or through scheduled payments over a period of up to 10 years.

Payment Schedule (Please select one):

- One-Time Payment Annually Bi-Annually
 Quarterly Monthly

Schedule to Begin: _____ (month/year)

Payment Options

- Check Payable to Frederick Health
 Credit Card - Please Charge \$ _____
 Mastercard Visa American Express Discover

ACCOUNT #

CSC CODE

NAME ON CARD

EX. DATE

SIGNATURE

DATE

- Please send me a form to start monthly debits from my checking/savings account.
 Please contact me. I'm interested in making a gift of stock or a qualified distribution from an IRA.
 I will pay online at FrederickHealth.org/Donate (select Good Samaritan as the designation).