

Corporate Honor Roll

The Corporate Honor Roll is a network of community-minded businesses, large and small, whose philanthropic support is key to helping Frederick Health achieve its mission.

Members contribute \$5,000 or more, either through a one-time gift or a pledge paid over a period of up to five years. Foundations and civic organizations are also invited to become members of the Corporate Honor Roll.

Membership Levels

Platinum – \$100,000+

Gold – \$50,000

Silver – \$25,000

Bronze – \$10,000

Member – \$5,000

Members receive the following recognition:

- Invitation to annual CEO Roundtables
- Annual Donor Appreciation Golf Outing
- Name included on the Frederick Health Donor Wall and in the Frederick Health Donor Report
- Rebates and workplace resources from Frederick Health Employer Solutions
- 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 to the ranks of the Corporate Honor Roll with a pledge at the following level (payable over 5 years):

Platinum – \$100,000+

Bronze – \$10,000

Gold – \$50,000

Member – \$5,000

Silver – \$25,000

Donor Information & Pledge Authorization

COMPANY NAME

(This is how your name will appear in donor publications.)

REPRESENTATIVE'S NAME & TITLE

CEO AND/OR PRESIDENT NAME & TITLE

HR CONTACT NAME & TITLE

ADDRESS

CITY

STATE

ZIP

EMAIL

PREFERRED PHONE Home Cell Business

SIGNATURE

DATE

Pledge Information

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

Payment Schedule (Please select one):

One-Time Payment Annually Bi-Annually

Quarterly Monthly

Schedule to Begin: _____ (month/year)

Payment Options

Please Send Invoice for Payment Processing

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 form to start monthly debits from our company checking account.

Pay online at FrederickHealth.org/Donate (select Corporate Honor Roll as the designation).