

# 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](http://FrederickHealth.org/Donate) (select Good Samaritan as the designation).