

# 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](http://FrederickHealth.org/Donate) (select Corporate Honor Roll as the designation).