



Please include this pledge sheet in the enclosed envelope.

Name:

Address:

Phone:

Email:

I would like to make a pledge for the following amount \$ _____.

I would like to make my donation over ____ (2 or 3) years to AHD's Capital Campaign or to the following medical facility or room: _____, for which I would like the name to appear as:

My pledge will begin _____ (month) of _____ (year).

Donor Naming Opportunities	Donation Amount
Santo Domingo Campus	\$1,500,000
Hospital	\$500,000
Physician Residency Training Room	\$150,000
Nursing Training Room	\$150,000
Emergency Room	\$100,000
Operating Room	\$100,000
Dental Facility	\$50,000
Pharmacy	\$50,000
Laboratory	\$50,000
7 Patient Rooms	Each \$25,000
X-Ray Machine	\$10,000
EKG Machine	\$7,500
Ultrasound Machine	\$7,500

_____ My employer will match my gifts. Employer Name, Address & Phone: _____

Thank you.