



**I PLEDGE \$_____ TO SUPPORT THE
"BUILDING A HEALTHY COMMUNITY TOGETHER" CAMPAIGN**

I can help! Please invoice me (circle one):

ONCE 2 TIMES IN 4 MONTHS 3 TIMES IN 6 MONTHS

One Time Donation: _____ CASH or _____ CHECK

Gulf Bend Center will invoice you for your tax-deductible donation.

Name: _____

Address: _____

City, State, Zip: _____