CityBridge HEALTH FOUNDATION

Leadership Circle

Three-Year Partnership Pledge Form

Thank you for considering a multi-year commitment to CityBridge Health Foundation. Completing this form confirms your intention to partner with us over three years in support of whole-person care for our uninsured neighbors.

PARTNER INFORMATION

Full Name (please print exactly as it should appear in our records)

Street Address | City | State | Zip

Phone | Email Address

SELECT YOUR PARTNERSHIP LEVEL

These are thresholds for belonging, not ceilings. All three tiers carry equal standing.

CONNECTING PARTNERS
$1,200+
per year

Provides the staffing stability needed to open the doors each day for every patient who shows up.

☐ Select this level

SUSTAINING PARTNERS
$6,000+
per year

Extends our reach: more patients, whole-person care, prayer, conversation, and spiritual presence.

☐ Select this level

STRATEGIC PARTNERS
$12,000+
per year

Keeps CityBridge Health steady when the funding landscape shifts and gives leadership confidence to plan ahead.

☐ Select this level

My annual commitment amount: $ _____ per year × 3 years

Preferred payment cadence: ☐ Annually ☐ Quarterly ☐ Monthly

Preferred payment method: ☐ Check ☐ Credit / Debit Card ☐ DAF ☐ Online Giving

ADDITIONAL PREFERENCES

☐ I wish this gift to remain anonymous.

☐ Please contact me to discuss my commitment. Best way to reach me:

Questions or notes for Meggon McKinley, Executive Director:

ACKNOWLEDGMENT

By signing below, I indicate my intention to fulfill this three-year pledge to CityBridge Health Foundation, a 501(c)(3) organization. All gifts are tax deductible to the extent allowed by law.

Donor Signature (type your name — this serves as your digital signature) | Date

DOWNLOAD, COMPLETE & EMAIL TO MEGGON

Return to: Meggon McKinley · meggon.mckinley@citybridgehealth.org · citybridgehealth.org