

YES, I/We wish to support the PHS Expansion

Name:		
Address:		
City	State	Zip
Phone #: [Email	
MY FINANCIAL COMMITMENT		
I/We will contribute \$		
Choose one		
\square I/We will fulfill this pledge with a sing	gle payment.	
☐ I/We fill this pledge with a payment	of \$	Annually
Starting: MM YY		Semi-Annually Quarterly
Other (Please specify)		
PLEASE CHOOSE		
CHECK (enclosed, made out to CFOC	with "PHS Expans	sion Fund" on memo line)
CREDIT CARD (Submit at http://ocea		
☐ CASH WIRE, IRA TRANSFER, or OTI		
(coordinate through tammy@ocean		
PLEASE CHOOSE how you would like to ha	ave your name list	ted as a donor.
☐ Name as you would like it to appear	r in acknowledgen	ment
This pledge is IN HONOR OF		
This pledge is IN MEMORY OF		
I wish for my pledge to remain anon		
YOUR SIGNATURE		
This is a statement of intent and may be alte	ered as circumstan	nces warrant. I understand my donatio
is tax deductible.		
Signature:		Date:///
SEND THIS FORM and your donation/chec		
SERVE THIS FORM and your domation/enee	P.O. Box 54	_
	Pentwater, I	MI 49449
* Any donation of \$1,000 or m	ore includes lifeti	ime membership in the PHS