

Pledge Form

Please completely fill out the Fledge Form and mail it, along with your pledge, to:

Lompoc Hospital Foundation

P.O. Box 883

Lompoc, CA 93438

Name:

Address:

City:

State:

Zip code:

Phone Number:

Your pledge amount is for how many years? (Circle One)

1 2 3 4 5

Pledge Amount:

\$ _____

Memorial Opportunity area:

I am interested in more information. Please have a Capital Campaign member contact me in the future.