



Ready...Set...Grow!
On the West Shore
Capital Campaign Commitment Form

Donor Information

Name _____

Please print full name(s) as it should appear in official records and any donor recognition.

I/We prefer our gift to remain anonymous.

Address _____

Email _____ Phone _____

Gift/Pledge Amount

I/We hereby pledge \$ _____ to the **Ready...Set...Grow** capital campaign and fulfill this commitment to pay Sadler Health Center in accordance with the schedule noted below.

Payment Schedule

Payment Amount \$ _____

- One time Annually Semi-annually Quarterly Monthly

over a period of _____ years (3 year maximum), beginning (date) _____

Or, I/We prefer to make payments as follows:

_____ Please indicate each payment amount and date.

Payment Options

- Check enclosed for \$ _____ (Payable to *Sadler Health Center*)
- Stock or other appreciated securities. Please send me transfer instructions.
- Credit Card. Online <https://SadlerHealth.org/Donate>
- My company/employer will match my gift. I have enclosed employer information.
- Naming Opportunities are listed on the back of this form.

Signature _____ Date _____

Forms/checks may be mailed to:
 please contact Sadler Health Center
 100 N. Hanover Street
 Carlisle, PA 17013

For more information (or to email Form only),
 Laurel Spagnolo, Director of Development
lspagnolo@sadlerhealth.org
 717-960-4333

*Sadler Health Center is recognized as a charitable organization under Section 501(c)(3).
 All gifts are tax-deductible to the fullest extent of the law.*

The official registration and financial information of Sadler Health Center Corporation may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Naming Opportunities

We invite and welcome gifts at all levels, with naming opportunities available ranging from \$1,000,000 to \$25,000. Three-year pledges are preferred. All other gifts between \$1,000 and \$24,999 will be recognized on a Donor Plaque placed on a prominent wall within the new building. Options for named gifts include:

Sadler Health West Shore

Building Wing Naming \$1,000,000

Lobby, Administrative and Common Spaces

Entry Lobby	\$500,000
Community Room	\$250,000
Patient Waiting Room (2)	\$75,000
Practice Manager's Office	\$50,000
Medical Providers Offices	\$50,000
Behavioral Health Provider Office	\$25,000
Dental Health Provider Office	\$50,000
Staff Offices (6 Available)	\$25,000

Examination and Treatment Rooms

Women's Health Wing	\$200,000
Nursing Station	\$100,000
Dental Exam Rooms (3 Available)	\$50,000
Vision Care	\$75,000
Behavioral Health Consultation Rooms (2 Available)	\$25,000
Pediatrics Exam Rooms	\$25,000
Primary Care	\$25,000
Women's Health Exam Rooms	\$25,000

Support Spaces

Pharmacy	\$100,000
Employee Breakroom	\$25,000
Laboratory	\$50,000

More information is available from:

Laurel Spagnolo
Director of Development & Community Engagement
Sadler Health Center
100 North Hanover Street Carlisle, PA 17013

(717) 960-4333

lspagnolo@SadlerHealth.org