



Building on the Past... Toward a Better Future

Thundermist of South County Capital Campaign Pledge Form

Yes! I want to support the Thundermist of South County Capital Campaign.

I/we pledge a gift in the amount of \$ _____

It is my/our intent to pay this pledge over 1 year 2 years 3 years

Special instructions for multi-year pledges: _____

I/We would like our name to be listed as: _____

I/We would like to make this gift in honor of: _____

I/We would like to remain anonymous.

Signature: _____ Date: _____

Name(s): _____

Address: _____

Telephone: _____ Email: _____

I am enclosing a check. *Please make checks payable to: Thundermist Health Center, 1 River St., Wakefield, RI 02879*

Credit Card Information:

Name on card: _____

Card #: _____ Expiration Date: _____

Amount to be charged: \$ _____

Please select any naming opportunities that apply to your gift.

If your selection has already been chosen by another donor, you will be contacted to make another selection.

Tribute Wall Plaque - \$250

Stair Treads (15) - \$500

Medical/Family Medicine

Exam Room (16) - \$2,500

Quick Care Exam Room (2) - \$2,500

Behavioral Health Offices (4) - \$2,500

Social Service Offices (3) - \$2,500

WIC Department Offices (2) \$2,500

Nurse Care Manager Offices (2) \$2,500

Lab (1) - \$5,000

Phlebotomy Room (1) - \$5,000

Dental Operatories (10) - \$5,000

Employee Lunch Room (1) - \$10,000

Employee Gym/Locker Room (1) - \$10,000

WIC Waiting Room (1) - \$10,000

WIC Reception (1) - \$10,000

Staff Hub (1) - \$15,000

Dental Waiting Room (1) - \$15,000

Medical Waiting Room (1) - \$15,000

Children's Waiting Room (1) - \$15,000

Outside Staff Garden Area (1) - \$15,000

Conference Rooms (2) - \$50,000

Community Room (1) - \$200,000