

The Dr. George W. Joyner Society

In support of the community health and wellness efforts of Randolph Hospital and the future of local health care,

I/We have included Randolph Hospital Community Health Foundation in my/our will(s) or other estate plans.

I/We pledge _____ (\$5,000 or more), payable over the next five years, to the Randolph Hospital Community Health Foundation.

Pledge payment amount (pledges may be given annually, semiannually or quarterly):

\$ _____ Annually Semi-annually Quarterly

Pledge payment schedule (check month or months of payment each year):

January February March April May June July
 August September October November December

I prefer the following schedule: _____

You may list me/us in publications as a member of The Joyner Society.

List me/us as _____

Please do not list my/our name(s) in any publications.

Signature

Date

Second Signature if applicable

Name(s) _____

Street Address: _____

City/State/Zip _____ Telephone: _____