



McKee Simulation Center Pledge Form

I wish to make a pledge: \$100 \$250 \$500 \$1,000 Other \$ _____

For: **McKee Simulation Center**

Name: _____

Address _____ City, State, Zip _____

Home Phone: _____ Email: _____

I choose to complete my pledge by:

Checks payable to **McKee Foundation**

OR

Visa/MasterCard # _____ Expiration Date _____

Name on Card: _____

Please print

Signature: _____

OR

I wish to complete my pledge over three years. Please bill me or process my credit card info above annually on the following date: _____

Mail your pledge form to:

Or, visit us in person

**McKee Medical Center Foundation
PO Box 830
Loveland, CO 80539-0830**

**McKee Medical Center Foundation
1805 E 18th St Suite 9
Loveland, Colorado, 80538**

- Please send me information about providing for the McKee Foundation in my will, life, insurance policy or retirement plan.
- My employer has a matching gift program. I am enclosing the completed forms.
- I would like a Foundation representative to contact me.
- I have made a gift to the McKee Foundation in my will, life insurance policy or retirement plan.

For more information please contact a staff member at 635-4001 or visit our website at

www.mckeefoundation.com