

Name and Address:

In consideration of the needs of the Vinton Family Medical Clinic:

I/We Pledge \$ _____ Pledge Date: _____

To be paid () One-time donation () Annually () Semi-Annually () Quarterly () Monthly

For a period of () Years Amount of each payment: _____ Start Date: _____

Signature: _____

Please see back to request additional information on planned giving opportunities.



Questions? Please contact
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Vinton Family Medical Clinic
EXPANSION PROJECT
quality care close to home