

Charter Membership  
Mabel Norton Adams Society

PLEDGE LETTER

Yes, I wish to pledge \$ \_\_\_\_\_ to the Olean General Hospital Foundation. I do so by a bequest of \$ \_\_\_\_\_ in my present will and agrees that I will not revoke it by any future will or codicil.

**I agree that upon my death, any outstanding balance will be satisfied through my Estate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

For **Charter Membership Listing**, please list my name *exactly* as follows:

Name: \_\_\_\_\_

In memory of: \_\_\_\_\_

**Gifts to the Foundation are tax deductible to the full extent allowed by law.**  
*Please make checks payable to:*