

# LTC Center for Healthcare Excellence Campaign Pledge Form

---

## Donor Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total contribution of \$\_\_\_\_\_ to be paid over a period of 2-3 years, with annual \$\_\_\_\_\_ payments by check as follows:

Annual Payment Date	Amount	Balance
June 30, 2022		
June 30, 2023		
June 30, 2024		

This contribution is to be designated to: **Campaign for the Center for Health Care Excellence at LTC**

Signature of Donor(s) \_\_\_\_\_ Date: \_\_\_\_\_

Please send this signed pledge form and all pledge payments to:

LTC Foundation  
1290 North Avenue  
Cleveland, WI 53015

For more information or to discuss your pledge, please contact  
Kristy Liphart – Vice President of Advancement, LTC  
[Kristin.liphart@gotoltc.edu](mailto:Kristin.liphart@gotoltc.edu)  
(920) 693-1854