



PLEDGE FORM

I / we wish to gift to the OSF HealthCare Foundation by donating bushels of grain

Donor Information (PLEASE PRINT)

Name _____
Address _____
City _____ State _____ ZIP Code _____
Telephone _____ E-Mail _____

Pledge Information

I (we) pledge a total of \$ _____ to be fulfilled with a gift of grain by _____ (Date)

Name and Address of Grain Elevator you will be utilizing for the “Bushels for Care” Program

Acknowledgement Information

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS OF MY/OUR GIFT TO THE “BUSHELS FOR CARE” PROGRAM. (PLEASE PRINT CLEARLY)

Is gift of grain a memorial? Yes No

If “Yes”: In Memory of _____ In Honor of _____

Please Use My Gift For:

- Area of Greatest Need
- Specific Hospital/Program (please specify): _____

I (we) wish to have our gift remain anonymous. Yes No

DONOR SIGNATURE DATE

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PER IRS REGULATIONS, PLEASE NOTE:

- GIFTING (CHANGE OF OWNERSHIP) OCCURS BEFORE THE COMMODITY IS SOLD.
- THE DONOR SHALL NOT SELL THE COMMODITY OR OTHERWISE PROVIDE INSTRUCTIONS FOR THE SALE OF THE COMMODITY.

TAX INFORMATION

- THE OSF HEALTHCARE FOUNDATION IS A TAX-EXEMPT PUBLIC CHARITY UNDER INTERNAL REVENUE CODE SECTION 501(c)(3). (FEIN#37-1259284)
- FOR QUESTIONS REGARDING THE PROCESS OF MAKING A GIFT OF GRAIN TO OSF HEALTHCARE, PLEASE CONTACT KIM RAPP, OSF FOUNDATION ACCOUNTING, (309) 683-9318
- PLEASE CONTACT YOUR TAX ADVISOR FOR COMPLETE LEGAL AND/OR TAX ADVICE REGARDING ANY CHARITABLE GIFT AS IT RELATES TO YOUR PERSONAL CIRCUMSTANCES.