

Kagando Mission Hospital Foundation Pledge Form

Please print this pledge form and mail it to the address listed below.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I wish to make an annual contribution of \$_____ to support the
Kagando Mission Hospital Foundation, Inc (US).

My initial contribution of \$_____ is enclosed.

Signature_____

OR -----

I wish to contribute \$_____ per year for _____ years to
support the Kagando Mission Hospital Foundation, Inc (US).

My initial contribution of \$_____ is enclosed.

Signature_____

Send your tax deductible contributions to:

Kagando Foundation
PO Box 723
Dorset, Vermont 05251

Thank You

*Kagando Mission Hospital Foundation, Inc (US)
is a non-profit 501(c) (3) organization exempt from federal income tax.*