



Gift / Pledge Commitment

Name(s):	
Address:	
Phone:	
Email:	

Gift Commitment

It is my/our intention to fulfill this commitment with a gift of \$_____.

Payment Method (select one)

Check enclosed (payable to Dallam Hartley Counties Healthcare Foundation)

- Check(s) may be mailed to PO Box 2014 Dalhart, TX 79022 or Dropped off to DHCHD Administration at 1411 Denver Ave Dalhart, TX 79022

Gift of securities or other non-cash assets (Foundation will provide instructions)

Payment Schedule

Single payment of \$_____ by _____

Multiple payments (All payments must be made by December 2028)

First initial payment: \$_____

Second payment: \$_____ Date: _____

Third payment: \$_____ Date: _____

Special Instructions

Recognition

Establish gift in honor or memory of: _____

The Foundation may publicly recognize this gift

Please keep this gift anonymous

Signature of Donor(s): _____ Date: _____

Note: Premier naming opportunities are available for donors wishing to leave a lasting legacy through the New Nursing Home project. Opportunities begin at \$25,000 and provide recognition of an individual, family, or business within the facility. Naming opportunities are awarded based on contribution level and are available on a first-committed basis, subject to availability. Each named space supports sustainable healthcare, reduced reliance on tax dollars, and quality care for generations to come. Please contact us for additional details or to discuss available options.

Thank You