



Legacy of Care

100 YEARS OF HELP, HEALING & HOPE

Campaign for Methodist Circle of Care Cimarron Home, Elk City

Name:

Address:

It is my intent to partner with Oklahoma United Methodist Circle of Care in its commitment to improve the quality of life for Oklahoma's foster children by making a contribution to the Legacy of Care campaign.

I PLEDGE \$ _____ to be paid as follows:

\$ _____ by June 30, 2019

\$ _____ by September 30, 2019

\$ _____ by December 31, 2019

(Donor Signature)

Date