



YES. I will invest in our community and our future by giving to the TriHealth School to Work Program.

I pledge a total of \$ _____ to provide Cincinnati Public School students with the opportunity to participate in a two-year internship at TriHealth.



Your Information

Name

Address

City State Zip

Phone Email

Amount Enclosed: _____

Balance Due: _____

Pledge Period (select one)

- 1 year
- 2 years
- 3 Years

I/we have identified above.

- My company provides matching funds, and I will submit additional information.

Recognition: Name(s) as I/we wish it to appear for recognition purposes:

OR:

- I/We wish for this gift to be anonymous.

Donor's Signature

Date

Please make checks payable to Bethesda Foundation, 10500 Montgomery Road, Cincinnati, Ohio 45242. All gifts are tax deductible to the fullest extent of the law. For more information, please call Andy Swallow (513) 865-1620 or Beth Sims (513) 865-1622. **Thank you for your support.**