

HEALTHY CAROLINIANS of MACON COUNTY
PLEDGE AGREEMENT

I (We) Pledge a total of \$ _____ to Healthy Carolinians of
Macon County, Inc.

Enclosed herewith is a check for the amount of \$_____.

Balance remaining is \$_____.

I would like to complete my (our) pledge as follows:

\$_____ annually, Beginning in _____, 20____,
ending in _____, 20_____.

Name: _____
(Please print the name as you wish to be recognized)

Address _____

City, State, ZIP _____

Home Phone _____ Business Phone _____

Signature _____ Date _____

Please fill in, print and mail to:

Healthy Carolinians of Macon County
1830 Lakeside Drive, Franklin, NC 28734
Attn: Dawn Wilde