



Club of
Bellingham

2024-2025 Major Project
benefitting The Light House Mission Medical Center
Pledge Commitment Form



Name(s): _____

In all Donor Recognition associated with this gift, please list the Donor as (ie: The Smith Family):

I/WE WISH TO MAKE A TOTAL GIFT OF \$ _____

Signature: _____ Date: _____

I/WE WISH TO PAY OUR GIFT BY THE FOLLOWING MEANS AND FOLLOWING
THE PAYMENT SCHEDULE LISTED BELOW:

- ☐ Check Payable to: RCOB Foundation - Note "Light House Mission Medical Center" in memo
☐ Venmo Payable to: RCOB-Bellingham – Note "Light House Mission Medical Center" in memo
☐ Credit Card Scan the QR code to make payments by credit card/PayPal

*WE ENCOURAGE YOU TO PAY BY VENMO OR CHECK SO THE CLUB CAN SPEND LESS
ON FEES AND MORE ON OUR COMMUNITY BENEFICIARY*



I/WE AGREE TO MAKE PLEDGE PAYMENTS VIA THE FOLLOWING
SCHEDULE:

Payment Amount:	Date:

Payment Amount:	Date:

Payment Amount:	Date:

Payment Amount:	Date:

*We are trying to complete our fundraising for this project by 12/31/2024 All pledge payments are due by:
6/30/25. Tax receipts will be sent after the end of the calendar year in which donations are made.*

- ☐ My/our gift qualifies for Matching Funds (paperwork enclosed)

Please mail this pledge form and check payments to:

RCOB Foundation
2200 Vining Street
Bellingham WA 98229

For additional information contact Dennis Williams at denniswilliams3@gmail.com, Dave Blair at
dab@dunhamcellars.com or Sandee Lindhout at rcob@comcast.net