



2026-27 PHYSICIAN GIVING PLEDGE FORM

Provider Name: _____

Office Name: _____ Office Location: _____

Email: _____ Phone: _____

- **All donations appreciated!** You do not have to donate a level to give!
- After September 1, incentives may vary based on availability.
- Apparel sizes are S, M, L, XL, 2XL, 3XL.
- Event tickets are non-transferable and RSVP for events is required.
- **Please fill out a new form annually (due to sizing needs; renewals will not automatically be counted this year).**

PLEASE CHECK YOUR DESIRED GIFT LEVEL

LEVEL 1 \$130 TOTAL

- Monthly Raffle Drawing
- Recognition on Donor Walls
- 50th Anniversary Commemorative Coin
- Coffee Power Play (November)

LEVEL 2 \$260 TOTAL

- ALL INCENTIVES IN LEVEL 1 PLUS:
- Exclusive Campaign T-shirt
- All-Star Break (July)

T-shirt size _____

LEVEL 3 \$650 TOTAL

- ALL INCENTIVES IN LEVEL 2 PLUS:
- One Bra-ha-ha® 5k Race Entry
- Campaign Nylon Cooler Lunch Tote

T-shirt size _____

FOUNDATION SOCIETY MEMBER

\$5,000 TOTAL

- ALL INCENTIVES IN LEVEL 6 PLUS:
- Two Additional (four total) Gala Tickets
- Two Additional (four total) Bra-ha-ha Award Show & Auction Tickets
- Foundation Society Member Golf Polo Shirt (unisex)
- Recognition as Foundation Society Member
- Foundation Society Pin

T-shirt size _____

Fleece size _____

Polo size _____

LEVEL 4 \$1,170 TOTAL

- ALL INCENTIVES IN LEVEL 3 PLUS:
- Two Bra-ha-ha Awards Show and Auction Tickets
- CRHF Logo Pro Travel Backpack
- Game Plan Luncheon (February)

T-shirt size _____

LEVEL 5 \$1,690 TOTAL

- ALL INCENTIVES IN LEVEL 4 PLUS:
- 2 Gala Tickets
- CRHF Branded Inverted Umbrella
- Add-on Package A

T-shirt size _____

LEVEL 6 \$2,600 TOTAL

- ALL INCENTIVES IN LEVEL 5 PLUS:
- CRHF Branded Ultra Soft Blanket
- Add-on Package B

T-shirt size _____

Fleece size _____

ADD-ON PACKAGES (MUST BE AT LEVEL 1 OR HIGHER)

PACKAGE A \$26 TOTAL

- Scoreboard Logo Lapel Pin
- Scoreboard Logo Badge Holder

PACKAGE B \$130 TOTAL

- Items in Package A
- CRHF Port Authority Zip Up Fleece

Fleece size _____

GALA ADD-ON PACKAGE \$520 TOTAL (\$700 VALUE)

- 2 Tickets to the CRHF Gala (1/23/27)
- 1 Gala Raffle Ticket

PLEASE CHECK ONE

CRH Physician Assistance Fund Area of Greatest Need

PLEASE CHECK YOUR METHOD OF GIVING

Paid Annual Leave (employee providers) Cash/check Credit card

Payroll deduction for employee providers: \$ _____ per pay period
(7/10/26-6/30/27 = 26 pay periods)



Scan to Donate!

Credit Card Type: Visa MasterCard AMEX Discover Name on Card: _____

Card No.: _____ Expiration Date: _____ Security Code: _____ Zip Code: _____

Contact me for my information Please charge my card monthly (total amount/ 12)

Signature: _____

Office Use Only
Fulfilled: _____ Data Entry: _____



Return completed form to
Inner-office: CRH Foundation, 113 Gainsborough Sq., Ste. 203
or scan and email: Foundation@ChesapeakeRegional.com