



# A Campaign for the Clinic for Special Children

## PLEDGE FORM

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name(s) as it/they should appear for donor recognition (optional)

Please check here if you wish for your gift to remain anonymous

### Current Gift

I/we agree to contribute \$\_\_\_\_\_ to the Clinic for Special Children.

- A check for \$\_\_\_\_\_ is enclosed.
- Gift will be made via transfer of appreciated securities. Please contact me with transfer instructions.

### Pledge

I/we agree to pledge \$\_\_\_\_\_ to the Clinic for Special Children.

- The contribution will be paid over a period of:  1 year  2 years  3 years  4 years  5 years
- Please send us reminders of our pledge payments due in \_\_\_\_\_ (month) of each year.

### Planned Gift & Estate Provision

I would like to discuss:

- Bequest through a Will       Life Insurance       Charitable Gift Annuity
- Charitable Remainder Trust       Retirement Assets (IRA, 401K)       Gift of Real Estate
- Other: \_\_\_\_\_

I/We have already included the Clinic in our estate plans. Estimated Value (optional) \$\_\_\_\_\_

I/We have enclosed the following documentation (ie: pertinent section of a Will) \_\_\_\_\_

Please note any other information you wish to provide:

### Gift Purpose

I/we would like our/my gift to be used as follows:

- Where needs are the greatest for the Keeping the Promise campaign.
- Restricted to the following purposes (ie: Building, Sustainability or Innovation Fund): \_\_\_\_\_

### Donor Signatures

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

The official registration and financial information of Clinic for Special Children may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.