



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.