

Pledge/Gift Form

Confidential Statement of Intended Support

It is my/our intention to ple <i>Here. Right Now. Improvin</i> payments may be spread ou	g Lives for 125 Ye	ars. With a gift of \$		
I/We request that \$	be design	nated to the new Cancer	r Center.	
I/We request that \$	be designated to the Nurse Education/Leadership Institute programs.			
I/We request that \$	be designated to			(name of funding priority).
The remaining \$	is my/our annual fund commitment.			
This total gift will be paid				
☐ Payments of \$ Beginning on		(month), 20	each, over	year(s),
Payments will be made:				
Payment Method: ☐ My/Our check payable ☐ Credit Card Payments: Name on Card:	Please charge my			
Signature:		Exp. Date:		
☐ I/We would like this gift In memory of Please indicate to whom an				
☐ Anonymous. Please do r☐ A matching gift form is☐ Please contact me regard	☐ Enclosed ☐ ☐	Γο follow	1.	
Name(s):(as you would like				
Signature		Date	<u>, </u>	
Address:		Phone:		Phone for: Home Ce
City, State, Zip:		Email:		

THANK YOU FOR YOUR GIFT TO COOLEY DICKINSON HOSPITAL OUR FISCAL YEAR ENDS SEPTEMBER 30TH