



Marshfield Clinic Health System Foundation Gift/Pledge Commitment Form

I / We pledge \$ _____ in support of the **Health System's research, education and patient care mission** over _____ years. *Pledges are payable for a period of one to five years.* For example:

_____	\$10,000 x 5 years = \$50,000
_____	\$5,000 x 5 years = \$25,000
_____	\$2,000 x 5 years = \$10,000
_____	\$1,000 x 5 years = \$5,000
_____	\$500 x 5 years = \$2,500

Send reminders: Annually Semi-Annually Quarterly, beginning on _____ for _____ years.

Charge the installments to my credit card: Annually Semi-Annually Quarterly, beginning on _____ for _____ years.

Credit Card: (circle one) Visa Mastercard Discover American Express

_____ / _____
Card Number

_____ / _____
Expiration date

- Please contact me regarding a gift of stock or appreciated investments.
- Please contact me regarding an estate gift.

GIFT DESIGNATION:

- For the area of greatest need
- For the following purpose/fund: _____

This gift/pledge is given *in memory* or *in honor of* _____

Please notify _____ Relationship _____

at the following address: _____

DONOR INFORMATION:

Name(s) _____ Phone _____

Organization _____ Email _____

Address _____

City _____ State _____ ZIP _____

Thank you for your pledge. Your support is greatly appreciated.

Signature

Date