

Confidential Pledge Form

**30th
Anniversary
Campaign:
Growing
With Our
Community**

*Thank you for
your support of
the Palisades
Medical Center
Foundation.
Gifts to this
campaign are
tax-deductible
to the fullest
extent of the
law, as no goods
or services
are exchanged
for these gifts.*

Name(s) _____

(As they will appear on published donor list)

Address _____

City _____ State _____ Zip _____

Phone No. Day _____ Evening _____

E-mail _____ Fax _____

A. I/we wish to pledge a total of \$ _____ over a _____ year period.

Initial Payment * \$ _____ Check #: _____

* We suggest a down payment of 10% of your overall pledge.

Please make your check payable to PMC Foundation.

Pledge Balance: \$ _____

Payable: Annually Semi-Annually Quarterly Monthly

Payments to begin _____ (month)

Please charge my credit card per the schedule above: Card # _____ Exp: _____

OR

B. I/we wish to make a gift of _____ shares of _____ (company name) stock.

Completed forms are attached.

I have enclosed a Matching Gift form from _____.

I have included PMC/PMC Foundation in my will. Please list my name in the Arthur E. Imperatore Legacy Society.

I would like to receive information regarding planned giving.

Please do not include my name in any donor listings and publications.

Named Gift Opportunity _____

(Please select from the list in the campaign materials)

Signature _____ Date _____