

## 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 \_\_\_\_\_