



PLEDGE FORM

I am pleased to support the mission of Pennsylvania College of Health Sciences.

It is my intention to give \$ _____

To be paid over _____ one _____ two _____ three _____ four _____ five years as follows:

_____ Annually _____ Semi-Annually _____ Quarterly _____ Monthly _____ One-time Gift _____ Other

I would like to begin my payments on: _____ / _____ /20 _____. *Date.*

_____ Please send me payment reminder notices.

_____ Enclosed is a payment of \$ _____. Subsequent payments will begin on ____ / ____ /20 _____.
Checks should be made payable to Pennsylvania College of Health Sciences.

_____ I will pay this pledge by credit card.

Please visit www.PAcollege.edu/Giving to make your credit card payment online.

I would like my gift to be used as follows:

_____ Unrestricted. Please use this gift where the needs are greatest.

_____ Other. Please restrict this gift to the following purpose: _____

_____ Current Use _____ Endowment

Donor Name: _____

Please print your name exactly as you would like it to appear in recognition materials.

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____

Email: _____

Signature: _____ Date: _____

Form continues on the reverse side.

_____ I prefer this gift to remain anonymous.

_____ I would like to arrange for automatic deductions from a bank account. Please contact me.

_____ This gift will be in the form of securities. Please contact me.

_____ This gift will be matched by _____ . *Company name.*
Form is _____ enclosed _____ to follow.

Special Instructions *Please print.*

_____ This gift is in honor of: _____

_____ This gift is in memory of: _____

Some donors wish to augment their current gift commitment by including Pennsylvania College of Health Sciences in their estate plan. Information on how to make a supplementary gift, or indicate plans you have already made, is listed below.

I would like to discuss the following Planned Gifts & Estate Provisions to augment my current gift commitment via the following options:

_____ Bequest through a Will

_____ Life Insurance

_____ Charitable Gift Annuity

_____ Charitable Remainder Trust

_____ Retirement Assets (IRA, 401K)

_____ Gift of Real Estate

_____ Other: (Please explain.) _____

_____ I/We have already included Pennsylvania College of Health Sciences in our estate plans.

_____ Estimated bequest value (optional) \$ _____

_____ I/We have enclosed documentation (e.g., pertinent section of a Will) of my bequest intention or other planned gift.

Please note any additional information you wish to provide or issues you would like to discuss with us:

Thank you very much!