

# CAMPAIGN PLEDGE FORM



## DONOR INFORMATION

Name(s) \_\_\_\_\_  
(as you wish it to appear in recognition materials)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

## FOR GIFTS OF CASH

I/We pledge a total gift of \$ \_\_\_\_\_ to help give every child a beautiful smile.

I/We will pay our pledge (check all that apply):

- Outright gift
- Pledge to be paid over  2 yrs |  3 yrs |  4 yrs |  5 yrs

Payments will begin on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date)

### Payment Method

Check (Made payable to: Lancaster Cleft Palate Clinic)

Credit card:

Number \_\_\_\_\_ |  Visa |  Mastercard |  Discover |  AmEx

Cardholder's Name \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_\_

Please contact me/us about donating stocks or appreciated securities.

I/We wish to make a planned gift (bequest, life insurance policy, charitable distribution from an IRA, Charitable Gift Annuity) to support the campaign.

Please contact me/us to discuss our plans.

**MAIL TO:** Lancaster Cleft Palate Clinic  
223 N Lime Street, Lancaster, PA 17602

**EMAIL:** [sscott@cleftclinic.org](mailto:sscott@cleftclinic.org)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_