

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: dfoulk@cleftclinic.org

Signature _____ Date _____

Signature _____ Date _____