



A PLEDGE TO THE CROUSE HEALTH FOUNDATION

NAME(S)—please print _____

COMPANY NAME (if applicable) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

I/We hereby commit to the Crouse Health Foundation the sum of \$ _____ in support of Crouse Cares.

This is a: Personal gift Corporate gift

ALLOCATION PREFERENCE:

Please allocate this gift within the campaign as follows:

\$ _____ Annual

\$ _____ Capital

Emergency Services

NICU

Unrestricted

RECOGNITION PREFERENCE:

I/We would like to be listed as follows in donor publications and for other recognition purposes. (If you prefer that your gift be anonymous, please indicate that in writing below.)

I/We would like this gift to underwrite the _____.

(over)

GIFT TO BE PAID AS FOLLOWS:

Record this gift as a pledge to be paid as follows:

MONTH	YEAR	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Enclosed is a check for \$ _____.

My employer has a matching gift program. A matching gift form is enclosed.

Please make checks payable to the Crouse Health Foundation. **Gifts of \$5,000 or more may be paid over a period of up to five years from date of pledge and reminders will be sent one month prior to each scheduled payment.**

ESTATE / FINANCIAL PLANNING OPTIONS:

I/We commit to a future gift valued at \$ _____ to the campaign by:

- Bequest
- Life Insurance
- IRA or other qualified Private Pension Plan
- Retained Life Estate

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

Questions regarding the campaign or gift options may be directed to Jeffrey Comanici, director of philanthropy of Crouse Health Foundation, at 315-470-7054 or JeffreyComanici@crouse.org. Please return this form to Crouse Health Foundation, 736 Irving Avenue, Syracuse, NY 13210.

THANK YOU FOR YOUR SUPPORT!

Donations are tax-deductible to the extent provided by the law; additional tax information will be sent with your gift acknowledgment.