**DONOR INFORMATION**

Last name First name MI Birth Date

Address City State Zip

Phone Email

Name of Spouse Birth Date

**GIFT / PLEDGE and PAYMENT INFORMATION**

I/We pledge to join the Cape Fear Valley Health Foundation’s fundraising effort with a commitment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Caring for the Future campaign to build the Center for Medical Education.   
Naming rights location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **This gift is to be paid:**

□ In full □ Annually □ Semi-annually □ Quarterly □ Monthly for \_\_\_\_\_\_\_\_\_\_\_\_ years (maximum 5 years)

Payment Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Check enclosed made payable to Cape Fear Valley Health Foundation.

□ I/We will make a gift of appreciated stock.

□ I authorize Cape Fear Valley Health Foundation to charge my credit card in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

per month/ quarter/ year/ other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name on Credit Card Account Number Exp. Date Security Code

□ Please send a reminder of my commitment prior to due date.   
□ Please contact me about naming opportunities.

Signature Date

**DONOR RECOGNITION**

□ In all acknowledgements, please use the name(s) shown below. □ I/We wish to remain anonymous.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5-YEAR PAYMENT SCHEDULES** | | | | |
| **Commitment Level** | **Annual** | **Semi Annual** | **Quarterly** | **Monthly** |
| $2,500.00 | $500.00 | $250.00 | $125.00 | $41.67 |
| $5,000.00 | $1,000.00 | $500.00 | $250.00 | $83.33 |
| $10,000.00 | $2,000.00 | $1,000.00 | $500.00 | $166.67 |
| $15,000.00 | $3,000.00 | $1,500.00 | $750.00 | $250.00 |
| $25,000.00 | $5,000.00 | $2,500.00 | $1,250.00 | $416.67 |
| $50,000.00 | $10,000.00 | $5,000.00 | $2,500.00 | $833.33 |