

Stormont-Vail Emergency & Trauma Center

Working together to improve the health of our community



Stormont-Vail Foundation

Emergency & Trauma Center Campaign Pledge Commitment Form

In consideration of the plans and needs of the Stormont-Vail Foundation and its Stormont-Vail Emergency & Trauma Center fundraising campaign, I hereby make a total gift of \$ _____ to the campaign.

I / we wish to make payments as follows:

Monthly Quarterly Annually Other: _____

Payments of \$ _____ per _____ will be made during the following time period:

Five years Three years One year Other: _____
month/year

Beginning Date: _____

One time gift of \$ _____

Other (please specify) _____

Payment Information:

- Send me reminders
 Charge my credit card MasterCard VISA Discover
Account No.: _____ Exp. Date: _____
 Debit my bank account • *A Foundation representative will contact you to arrange bank drafts.*

Please designate my contribution to:

- Cost of Emergency & Trauma Center construction and equipment
 Endowment Fund to be applied to future Emergency & Trauma Center programs

Recognition Information:

- You may acknowledge my gift in campaign materials
 I would prefer to remain anonymous

Contact Information:

Company Name (if company with matching gift) _____

Name _____

Preferred Address _____

City/State/ZIP _____ Phone _____

Signature _____ Date _____

A signature is needed on all gift commitment forms. Return completed form to:
Stormont-Vail Foundation • 1500 S.W. 10th Ave. • Topeka, KS 66604
Fax (785) 354-6926

Stormont-Vail
Foundation