

Help for Today, Hope for Tomorrow

A CAMPAIGN FOR THE ALS ASSOCIATION | GREATER PHILADELPHIA CHAPTER

Pledge Commitment Form

In support of the Greater Philadelphia Chapter's Major Gifts Campaign, I/We wish to make a pledge of \$ _____ over _____ years, commencing on _____.

I/We plan to make payments Annually Semi-Annually Quarterly Monthly

Amount enclosed \$ _____ Please send pledge reminders.

DONOR INFORMATION:

Name(s) _____

Address _____

City/State/Zip _____

Preferred Phone _____ Preferred E-mail _____

GIFT DESIGNATION: [If you wish to split your gift, please indicate by percentage.]

_____ General Support (where the need is greatest within the goals of the campaign.)

_____ Patient & Family Services

_____ Research

This gift is made in honor of in memory of _____

PAYMENT OPTIONS: I/We anticipate making pledge payments by:

Check Stock Monthly Bank Draft Credit Card Other _____

[Separate instructions will be provided for automatic payments by bank draft or credit card.]

DONOR RECOGNITION INFORMATION: Please print your name(s) as you wish it/them to appear for gift recognition purposes.

_____ / _____

Check this box if you wish your gift to be anonymous.

SPECIAL INSTRUCTIONS: _____

DONOR SIGNATURE(S): _____ **DATE:** _____