

# Sounds of Hope

## PLEDGE INTENTION FORM

I/we pledge our support to the "Sounds of Hope" campaign for Nemours Children's Health, Jacksonville with a total commitment of \$ \_\_\_\_\_ (please include gift matching by your employer, if applicable).

I/we plan to fulfill this campaign commitment by making pledge payments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years.

I/we recognize the importance of philanthropic support for the annual unrestricted needs and pledge \$ \_\_\_\_\_ a year to Annual Giving for the next \_\_\_\_\_ years.

NOTE: Your annual gift and campaign gift will be combined for campaign donor recognition.

Pledge payment schedule attached/to follow

Please select method of payment:  Cash or check; please send payment reminders

Visa/MasterCard/Discover/American Express # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Name on the Card \_\_\_\_\_

Annually  Semi-Annually  Quarterly  Monthly  Other: \_\_\_\_\_

Payroll Deduction (if Nemours Associate)

You may use my name in Nemours/Campaign publications (check one):  Yes  No

I am/we are eligible for employer matching funds and wish to secure pledge credit for matching contributions from that source (check one):  Yes  No

Company Name \_\_\_\_\_ Amount/Ratio \_\_\_\_\_

Please reserve the following Naming Opportunity: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/we wish this gift and my name to remain anonymous (check one):  Yes  No

**Please make checks payable to: Nemours Children's Health Alliance**

Original Gift/Pledge Intention Forms should be mailed to:

Attention: Maggie Hightower

Nemours Children's Health Alliance

10140 Centurion Parkway North

Jacksonville, Florida 32256 | Or fax to: (904) 697.4171

**For questions, please contact Maggie Hightower**

at (904) 697.4245 or Maggie.Hightower@nemours.org.

Nemours is a 501(c)(3) organization. Contributions are tax deductible to the full extent of the law. Please retain a copy for your records.

