Marshfield Clinic Gift/Pledge Commitment Form

I / We pledge $_____ in support of the ***Clinic's research, education and patient care mission*** over ____ years. *Pledges are payable for a period of one to five years.* For example:

____	$10,000 x 5 years =	$50,000
____	$5,000 x 5 years =	$25,000
____	$2,000 x 5 years =	$10,000
____	$1,000 x 5 years =	$5,000
____	$500 x 5 years =	$2,500

❑ Send reminders: ❑ Annually ❑ Semi-Annually ❑ Quarterly, beginning on _____ for _____ years.

❑ Charge the installments to my credit card: ❑ Annually ❑ Semi-Annually ❑ Quarterly, beginning on _____ for _____years.

Credit Card: (circle one) Visa Mastercard Discover American Express

_____ _____/_____

Card Number Expiration date

❑ Please contact me regarding a gift of stock or appreciated investments.
❑ Please contact me regarding an estate gift.

GIFT DESIGNATION:

❑ For the area of greatest need
❑ For the following purpose/fund: _____

This gift/pledge is given □ *in memory* or □ *in honor of* _____

Please notify _____ _____

Relationship

at the following address: _____

_____

DONOR INFORMATION:

Name(s) _____ Phone _____

Organization _____ Email _____

Address _____

City _____ State _____ ZIP _____

Thank you for your pledge. Your support is greatly appreciated.

_____ _____

Signature Date

Please return completed form to:
Marshfield Clinic Development, 1000 N. Oak Avenue, Marshfield, WI 54449