



## Campaign Pledge

***I (we) pledge my (our) support of the  
"Together, Building Excellence"  
campaign of the Provena Saint Joseph  
Medical Center Foundation as follows:***

total amount  
pledged: \$ \_\_\_\_\_  
initial payment  
enclosed: \$ \_\_\_\_\_  
balance: \$ \_\_\_\_\_

I (we) make this commitment with the intent to  
complete my (our) payments in:

- Three years  
 Five years  
 Other \_\_\_\_\_  
\_\_\_\_\_

Frequency of pledge payments:  Annually  Semi-Annually  Quarterly  Monthly  
 Other \_\_\_\_\_ Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payments made by:  Check  EFT  Stock  Credit Card

For credit card payments, please charge my (our) pledged gift payments to:

Visa  MC  Discover Card #: \_\_\_\_\_ Exp. \_\_\_\_\_  
 Our gift can be matched by: \_\_\_\_\_

*(please enclose matching gift forms or instructions on obtaining them)*

Please use my (our) gift to support:  greatest campaign need  designated campaign  
priority: \_\_\_\_\_

This gift is made  
In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

Yes — I (we) want my (our) name(s) included in donor recognition publications  
as follows (please print):  
\_\_\_\_\_

No — I (we) wish to remain anonymous and therefore excluded from any  
publications.

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

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please make your check payable to Provena Saint Joseph Medical Center Foundation**

*Your gift is tax deductible to the fullest extent of the law*

Office Use Only		
Rcv'd date:	_____	_____
Audit	Initials	Date
1.	_____	_____
2.	_____	_____
Entry	_____	_____

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