

## Gift/pledge form

To make a one-time gift or pledge, please complete this form and send to: Geisinger Health Foundation, MC 25-76, 100 N. Academy Dr., Danville, PA 17822 or scan and send via email to [philanthropy@geisinger.edu](mailto:philanthropy@geisinger.edu).

### Donor information

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- My employer matches employee gifts.       I'm not sure if my employer matches gifts (please list your

**Please list your employer and we will contact them:** \_\_\_\_\_

Recognition standards are listed below.

• Mr. / Dr. John and Mrs. / Dr. Jane Smit   • Mr. / Dr. John Smith   • Miss / Mrs. / Ms. / Dr. Jane Smith

If you wish for your name to be listed differently (including anonymous), please indicate below.

- I prefer to remain anonymous       I prefer to be listed as: \_\_\_\_\_

### Gift information

Please direct my gift to: \_\_\_\_\_

(include fund number, if known)

My gift is  in honor or  in memory of:

**Please include the name/address of the person(s) you wish to notify of your gift.**

\_\_\_\_\_

Please complete page 2 for payment information.

This area intentionally left blank.

## One-time gift

A one-time gift can be paid by check made payable to "Geisinger Health Foundation" or by filling out the credit card information at bottom of page.

Please enter your one-time gift amount and mark the type of payment: \$ \_\_\_\_\_

Check enclosed       Credit card information completed below

## Pledge

Total pledge amount: \$ \_\_\_\_\_      Length of pledge:    1 year    3 years    5 years

Please charge my credit card at the intervals marked below. (By checking this box, you understand your credit card will be charged until your pledge is fulfilled.)

Payments to be made:    Monthly    Quarterly    Annually    Start date:

Please mail pledge reminders to me at the intervals marked above.

## Required for processing

Donor signature: \_\_\_\_\_      Date: \_\_\_\_\_

Thank you for your generous support!

Your gift is tax deductible to the extent allowed by law. If you do not wish to participate in future fundraising activities of Geisinger Health Foundation, please call 800-739-6882.

### To be completed by Geisinger Health Foundation

Gift officer: \_\_\_\_\_

Contact info: \_\_\_\_\_

## Credit card payment

Credit card information should never be sent via email. If using a credit card, we encourage you to mail the hard copy of this form to the address at the beginning of this form, call 800-739-6882 to provide your credit card information over the phone, or give via our secure online giving page at [donate.geisinger.org](https://donate.geisinger.org). Your credit card information will be removed from this form and destroyed once your gift or pledge is processed.

Choose one:    AmEx    Discover    MasterCard    Visa

Card number: \_\_\_\_\_      Expiration date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature (as it appears on card): \_\_\_\_\_