

Geisinger Health System Foundation

Pledge Form

Yes, I would like to make a difference. Enclosed is my gift of \$_____.

DONOR INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

☐ My employer matches employee gifts. *(If you are unsure, please list your employer below and we will be happy to check for you.)*

Employer: _____

RECOGNITION

Please list how you wish your name(s) to appear for donor recognition purposes:

☐ I prefer to have my name withheld from donor listings.

GIFT INFORMATION

Please direct my gift to: ☐ Cancer ☐ Heart and Vascular ☐ Neurosciences

☐ Nursing ☐ Women's Health ☐ Area of Greatest Need ☐ Other _____

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.

☐ I request to meet with Development staff to discuss my gift in more detail.

☐ I'm interested in estate planning or including Geisinger in my will.

☐ Geisinger is included in my estate plans.

Please complete reverse side for Payment Information.

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PAYMENT INFORMATION

Total Gift Amount: \$_____ Length of pledge: ☐ 1 year ☐ 3 years ☐ 5 years

Payments may be made _____ annually _____ semi-annually _____ quarterly

Anticipated first payment date: ____/____/____

The Foundation will send you pledge reminders according to the payment plan you choose above. Please fill out green box on reverse if you wish to fulfill your pledge by credit card.

CREDIT CARD GIFT INFORMATION

Please charge my gift to: ☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Card #: _____ Exp. Date: _____

Signature as it appears on your card _____

Or to make a gift by credit card on our secure online giving website, visit donate.geisinger.org.

Note: This form will be shredded and securely disposed of once pledge has been processed.

OR

ONE-TIME GIFT INFORMATION

Please make check payable to **Geisinger Health System Foundation** and return to:

Geisinger Health System Foundation
MC 25-76
100 N. Academy Ave.
Danville, PA 17822

☐ I would like to receive email updates about exciting new projects at Geisinger.

Signature

Date

Please send completed form to:

Geisinger Health System Foundation, MC 25-76, 100 North Academy Ave., Danville, PA 17822

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 System Foundation, please call 1-800-739-6882.*

www.geisingerfoundation.org