

Pledge Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to support the Merrick Medical Center Building Campaign with a gift of \$_____.

Please designate my gift to:

Merrick Medical Center Foundation Bryan Foundation

I am interested in the naming opportunity:

Your campaign packet has a list of naming opportunities.

Payment Options:

My gift is enclosed.

Please charge my credit card.

Credit Card Number _____

Expiration Date _____ CVV _____ Signature _____

I would like to pledge my gift to be paid over:

1 Year 2 Years 3 Years Beginning in _____

In donor recognition items, I (we) prefer to be listed as _____

My (or my spouse's) employer will match my gift _____

Company's Name

I would like additional information about estate planning opportunities.

Signature _____

Date _____

