



Hospitality House Endowment Pledge Form

I/We am/are pleased to support Commonwealth Health Foundation's Endowment for the Hospitality House, and pledge a total of \$ _____ to this effort to be paid as follows:

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
2011	_____	_____	_____	_____
2012	_____	_____	_____	_____
2013	_____	_____	_____	_____
2014	_____	_____	_____	_____
2015	_____	_____	_____	_____

I/We have enclosed our first payment of \$ _____

Please bill me/us as a reminder.

I/We prefer to pay by credit card. (circle one): VISA MasterCard

We are not able to process American Express or Discover Card.

Amount: \$ _____

Card Number: _____

Expiration Date: _____

Please automatically charge this account when future pledge payments are due.

Signature(s): _____

Date: _____

Please print all information

Name(s): _____ *(As you wish it to appear in recognition.)*

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email: _____

SPECIAL INSTRUCTIONS:

I/we wish this gift to be anonymous.

In Honor of: _____

In Memory of: _____

MATCHING GIFTS:

In addition to my/our pledge, the following company(ies) will match this pledge:

My/our personal pledge of \$ _____, plus matching gift total of \$ _____, equals a total pledge of \$ _____. *I/we will submit matching gift form(s) with each payment toward this pledge.*

*Checks should be made payable to Commonwealth Health Foundation.
Gifts to the Foundation are deductible as allowed by law.*

Thank you for your support!