



ABOVE & BEYOND Capital Campaign
Pledge Form

FOR OFFICE USE ONLY
RCV'D DATE:
RE DATE:
ACKD DATE:

DONOR INFORMATION

Name:
Address:
City: Prov: Postal Code:
Phone: Email:

GIFT/PLEDGE INFORMATION

YES, I (we) wish to support the Dartmouth General Hospital Foundation's Above & Beyond Campaign
I (we) pledge a total of \$ Amount enclosed \$
I (we) wish to have this pledge paid over 2 years 3 years 4 years 5 years other

METHOD OF PAYMENT

I (we) plan to make my (our) contribution in the form of:
Cash Credit Card Cheque (payable to Dartmouth General Hospital Foundation) Stock Other
Please charge my credit card: Visa MasterCard AMEX
Card number: Expiry:
Authorized Credit Card Signature:
Please charge installments of \$ beginning and thereafter: Monthly Quarterly Semi-Annually Annually
(Monthly donations will be processed on the 15th of each month)
Please send me a reminder when my next payment is due
My (our) gift will be matched by
Matching gift form enclosed Matching gift form will be forwarded to the DGH Foundation

DONOR RECOGNITION (Donors will be recognized in campaign materials unless an anonymous gift is requested)

Please use the following name (s) in all acknowledgements
I (we) wish to remain anonymous

DONOR SIGNATURE (S)

Date: