

*pledge form*

**TO: CAMPAIGN FOR MOUNT NITTANY MEDICAL CENTER STEERING COMMITTEE**

I/We desire to make a pledge of \$  to The Foundation for Mount Nittany Medical Center to support the Campaign for Mount Nittany Medical Center.

This gift shall be used by Mount Nittany Medical Center for (or unrestricted use):

**PLEDGE DETAIL:**

It is my/our intention to satisfy this commitment according to the following schedule:

July 1, 2008 through June 30, 2009	\$	<input type="text"/>
July 1, 2009 through June 30, 2010	\$	<input type="text"/>
July 1, 2010 through June 30, 2011	\$	<input type="text"/>
July 1, 2011 through June 30, 2012	\$	<input type="text"/>
July 1, 2012 through June 30, 2013	\$	<input type="text"/>

We would like to have a payment reminder sent in the month of:

**ACKNOWLEDGEMENT:**

I/We agree that The Foundation for Mount Nittany Medical Center may publicize my/our gift and publicly acknowledge my/our commitment. This is how I would like my/our name to appear:

**or**

I/We would prefer that my/our gift remain anonymous. \_\_\_\_\_ *please initial*

**CONTACT INFORMATION:**

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

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

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

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

Signature: \_\_\_\_\_ *date*

Signature: \_\_\_\_\_ *date*

