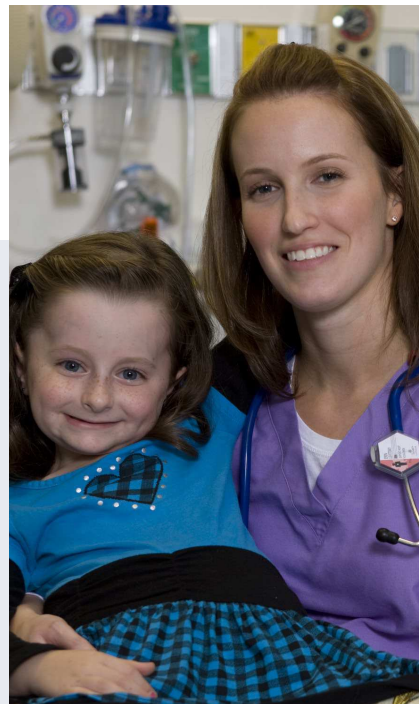


# Our Children, Our Hospital

The Campaign for the Future of Children's Health

Nemours/Alfred I. duPont Hospital for Children

## Gift/Pledge Intention Form



I/We pledge our support to **The Campaign for the Future of Children's Health**, with a **total commitment** of \$ \_\_\_\_\_ (please include gift matching by your employer, if applicable.)

- I/We plan to fulfill this campaign commitment by making pledge payments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years.
- I/We recognize the importance of annual philanthropic support for urgent needs and pledge \$ \_\_\_\_\_ to Annual Giving a year for the next \_\_\_\_\_ years.

*NOTE: Your annual gift and campaign gift will be combined for campaign donor recognition.*

- My employer will match my gift. I have enclosed the required form. The amount/ratio my employer will match is \_\_\_\_\_  
Name of employer: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Spouse Title: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_ Spouse MI: \_\_\_\_\_ Spouse Last Name: \_\_\_\_\_ Spouse Suffix: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I want to make a pledge of \$ \_\_\_\_\_

This pledge is to be paid in (number) \_\_\_\_\_  quarterly  monthly  annual installments, beginning on (date) \_\_\_\_\_

**I would like to be reminded/billed. (check one):**  Yes  No

**Cash/Check Gift.** I am contributing cash/check in the amount of \$ \_\_\_\_\_

**Please charge:** \$ \_\_\_\_\_ to  MasterCard  Visa  American Express  Discover

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recognition Name Listing

Please indicate below whether or not you would like your name to be listed other than how it appears above. (First Name, Middle Initial, Last Name) (For the purposes of donor listing in such publications as annual reports, newsletters, or event programs.) Examples might be "Dr. and Mrs. John Jones", "Mr. and Mrs. John Jones", "Mr. and Mrs. John Jones and Family", or "John and Evelyn Jones".

Please list my name as it appears above.  I/we wish to remain anonymous.

Please list my name as follows: \_\_\_\_\_

Original Gift/Pledge Intention Forms should be mailed or faxed to:  
**Amy Bielicki at the Nemours Fund for Children's Health,**  
Shands House, 1600 Rockland Road, Wilmington, DE 19803 or  
PHONE: 302-651-4298 | FAX: 302-651-4487 | EMAIL: [abelick@nemours.org](mailto:abelick@nemours.org)

Please make checks payable to:  
**Nemours**

*Nemours is a 501(c)3 organization. Contributions are tax deductible to the full extent of the law. Please retain a copy for your records.*