



**The Campaign for St. Mary's Center for Education
Pledge Commitment**

To enable donors to give as generously as possible, gifts may be paid over a five-year period. A tax deduction may be taken in the year a gift payment is made to the extent permitted by law.

I/We agree to make a gift to support St. Mary's Center for Education in the sum of \$_____.

This gift is to be paid over a ____ (1 - 5) year period as follows: Annually Semi-Annually Quarterly

Payment Amount \$_____ First Payment Due: _____

Payment Enclosed \$_____ VISA MasterCard

Balance Due \$_____ Card # _____ Exp. Date ____/____

Signature _____

One-time gift enclosed

I/We would like to make a planned gift. Please contact me/us. Best time to call_____.

I/We would like to make our payments through payroll deduction. (St. Mary's Medical Center employees only)

I wish to use payroll deduction. (SMMC employees only. Deductions will be taken out over 26 pay periods per year.)

Employee Number _____ Last four digits of SSN _____ Signature _____

Special gift instructions: (i.e. In Memory Of, In Honor Of, Naming Opportunity)

Donor(s) _____

(Please list name(s) as you wish it to appear in any recognition materials.)

Address _____

City, State, Zip _____

Telephone _____

Signature(s) _____ **Date** _____

Are you a graduate of The St. Mary's School of Nursing, School of Radiography or School of Respiratory Care? _____

Graduation Year _____

A copy of this pledge commitment document will be returned for your records. If you have any questions, please call David Sheils, President, SMMC Foundation, at (304) 526-1211.

Thank you for your generosity.