

Special Delivery



LEVEL III NEONATAL INTENSIVE CARE *at* TRUMAN MEDICAL CENTERS

KANSAS CITY'S CAMPAIGN *for* TINY MIRACLES

Campaign Commitment Form

Name(s): _____

Preferred address: _____

Preferred phone: _____ E-mail: _____

GIFT/PLEDGE INFORMATION I/we pledge a total gift of \$_____ to Truman Medical Centers' Level III Neonatal Intensive Care Unit and enclose an initial contribution of \$_____ towards my/our pledge.

I/we wish to pledge this gift over ___1___ ___2___ ___3___ ___4___ ___5___ years.

Pledge payments are to be made as follows: Each payment amount: \$ _____

Frequency: ___ Monthly ___ Quarterly ___ Yearly Date of first payment _____

I/we would like to discuss appropriate naming opportunities for this gift. ___ Yes ___ No

GIFT OR PLEDGE IN FORM OF:

\$_____ Cash/Check \$_____ Stock/Securities \$_____ Bequest
\$_____ Real Estate \$_____ Life Insurance

GIFT/PLEDGE PAYMENT ___ Credit Card ___ Check (payable to TMC Charitable Foundation)

Name on Credit Card: _____

Credit Card Number: _____

Exp. Date: _____ Credit Card Signature: _____

*** For gifts of securities please call Sharla Peters at (816) 404-3431 for transfer instructions.**

MATCHING GIFT: My gift will be matched by: _____

DONOR ACKNOWLEDGEMENT ___ Yes, you may include my/our name(s) in any donor listings or TMC publications. My/Our name(s) should be included in publications and other recognition displays as follows:

PLEASE PRINT NAME(S) _____

DONOR SIGNATURE _____ DATE _____

DONOR SIGNATURE _____ DATE _____