

Gift/Pledge Form



This form allows you to create a single or multi-year pledge. Please provide your contact information below.

Name _____ E-mail _____
Spouse/Partner's Name _____ E-mail _____
Home Address _____ Phone _____
City/State/Zip _____ NEOMED Class Year _____

Outright Contribution

- I/We wish to make an outright gift of \$ _____ payable to the **NEOMED Foundation** (check enclosed.)
- Please charge this gift of \$ _____ to my/our credit card (signature required at end of this form.)
- MasterCard Visa Discover American Express
- Card Number _____ Expiration Date ____/____ Sec. Code _____
- I/We wish to make a gift of property: Stocks/Securities Real Estate Other: _____

Pledge

- I/We wish to pledge a total gift of \$ _____ payable in equal installments of \$ _____
- I/We intend to make payments Annually Semi-Annually Quarterly Monthly
- Send my first notice on ____/____ (month/year). (Please specify your pledge for not more than a period of five years (5).)

Note: Pledge reminder letters, based on the above payment schedule, will be sent approx. 30 – 45 days in advance of the payment due date.

Corporate Matching Gifts

- My/My spouse/partner's company offers a charitable contribution match.
- Matching gift forms are enclosed. Employer Name: _____

Gift Designation

- I/We wish my/our gift to be designated to: Blue Fund Other _____
- My/My spouse/partner's company offers a match for charitable contributions. See employer name above.
- My/My spouse/partner's matching gift forms are enclosed.

Other

- I have included NEOMED in my will/estate plans.
- I would like to learn more about bequests, life insurance, gift annuity and other ways to make a planned gift.

Acknowledgement

To ensure your recognition preferences are honored, please select one of the options below:

- NEOMED has my/our permission to publish my/our name(s) in NEOMED/NEOMED Foundation publications as appropriate. Your name as you would like it to appear _____
- Please do not publish my/our name(s) in NEOMED/NEOMED Foundation or any other publications.

Donor Signature: _____ Date: _____
Donor Signature: _____ Date: _____
Gift Officer Signature: _____ Date: _____

Thank you for your support of the NEOMED Foundation

The NEOMED Foundation respects the privacy of donors' personal and financial information and will not share information about prospective or actual donors other than donors' names, gift amounts and gift designations. Requests from donors that their names not be released will be honored. For questions call (330) 325-6671 or philanthropy@neomed.edu.

Please return this form to the NEOMED Foundation, 4209 State Rt. 44, Rootstown, OH 44272