

PLEDGE FORM

STATEMENT OF GIFT INTENT

I/We support the Brain Matters Campaign for Advancing Neurological Care.

Name(s) _____

(As you would like your name(s) to appear when donors are recognized)

Street _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Signature: _____

My/Our total gift commitment is: \$ _____

Advancing Neurological Care: Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____

My/Our gift will be in the form of: Cash/Check Credit Card Stocks

I/We would like to make my gift in installments: Monthly Quarterly Yearly

(If paying via credit card, your pledge balance will be billed to your credit card as you select. If paying by check, the Foundation will send you reminder statements on the basis you select.)

Naming Opportunity: _____

I would like my gift to remain anonymous

My gift is in memory/honor of: _____

Please send me information on how to add Littleton Hospital Foundation to my will/estate plan.

My check for the following is enclosed: \$ _____ Please bill my credit card for \$ _____
(Please make checks payable to Littleton Hospital Foundation)

Credit Card Number: _____ Exp. Date: _____ CID#: _____

Please contact us for more information at 303.734.8764 or LittletonHospitalFoundation.org