



CHARITABLE GIFT – PLEDGE FORM

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ E-mail: _____

Signature *Date*

Name as you would like to be recognized (*example: The Smith Family*): _____

Check box if you would like to give anonymously.

I am pleased to support the Montana Children's Foundation with a pledge of: _____

My gift will be paid over ____ years (up to 5).

Desired recognition opportunity (if applicable): _____

Check box where appropriate

I would like to submit payments: Annually Semi-annually Quarterly Monthly

Beginning on: __ / __ / __

Please send pledge reminders.

Enclosed is a payment of \$ _____

Please contact me about payment options including:

credit card appreciated securities bank account withdrawal IRA rollover other _____

This gift will be matched by _____ Form is: enclosed to follow
Company Name(s)

I am also interested in making an Estate Gift (*Bequest, Life Insurance, Charitable Gift Annuity, Deferred Gift*)

This gift is given in honor memory of: _____

Send acknowledgement to: _____

Special Instructions or personal note to Foundation:

On behalf of everyone at Shodair Children's Hospital, thank you for your generous support!

Checks should be made payable to Montana Children's Foundation. Charitable contributions may be tax-deductible.