

The Heart of the City Campaign

For the revitalization of St. Luke's Sacred Heart Campus



PLEDGE FORM

YOUR PLEDGE

First Name (Mr./Mrs./Ms./Dr.) _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Preferred Email _____ Date of Birth (MM/DD/YY) _____

Home Phone _____ Mobile Phone _____

YOUR GIFT

I/we wish to pledge to St. Luke's Heart of the City Campaign, the sum of \$ _____, payable beginning _____

Designation of Gift: _____ Naming Opportunity _____

Payments will be made: ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly

through installments of \$ _____ ☐ Cash/Check Credit Card: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

☐ Other _____

Credit Card Number _____ Expiration Date _____ Security Code _____

Signature: _____ ☐ I would like to be recognized with my spouse/partner

Please print your name(s) as you wish to be recognized _____

ST. LUKE'S EMPLOYEES ONLY (see back of page for schedule)

☐ payroll deduction through installments of: \$ _____ per pay, beginning: _____ for: _____ pay periods.

Employee Number: _____

TRIBUTE (If this is a memorial or named gift, please indicate):

Memorial or Honor given by _____

☐ In Honor of ☐ In Memory of _____

Additional Instructions: _____

SIGN AND DATE

Donor Signature: _____ Date: _____

Development Officer: _____ Date: _____

