

Extraordinary Care for Extraordinary Kids

Campaign for St. Luke's Pediatrics



PLEDGE FORM

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 _____

Please print your name as you wish to be recognized _____

☐ I would like to be recognized with my spouse/partner Spouse/Partner Name _____

Please print your names as you wish to be recognized _____

YOUR GIFT

I/we wish to pledge to Extraordinary Care for Extraordinary Kids, 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 _____

ST. LUKE'S EMPLOYEES ONLY

☐ 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 Please print his/her name below *exactly* as you wish for it to appear in the official record.

Name _____

Additional Instructions _____

SIGN AND DATE

Donor Signature _____ Date _____

Development Officer _____ Date _____



For more information, contact:

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801 Ostrum Street, Bethlehem, PA 18015

Phone: 484-526-3067 Fax: 484-526-4137

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