

# Where HEROES Are Made

## Campaign Pledge Form

_____		_____
FULL NAME		BIRTH DATE
_____		_____
SPOUSE'S NAME		BIRTH DATE
_____		
STREET		
_____		_____
CITY	STATE	ZIP
_____		_____
HOME PHONE	WORK PHONE	
_____		_____
EMAIL ADDRESS	CELL PHONE	
_____		
NAME(S) AS IT/THEY SHOULD APPEAR FOR DONOR RECOGNITION		

### Current Gifts & Pledges:

- I/We agree to contribute \$ \_\_\_\_\_ to Schreiber Center for Pediatric Development
- A check for \$ \_\_\_\_\_ is enclosed
- Gift will be made via transfer of appreciated securities. Please contact me with transfer instructions.

Or

- The contribution will be paid over a period of:  
 1 year  2 years  3 years  
 4 years  5 years
- Please send us reminders of our pledge payments due in \_\_\_\_\_ (month) of each year.

Please Return to: Danielle Sunday at  
 dsunday@schreiberpediatric.org or  
 625 Community Way, Lancaster PA 17603

## Planned Gifts & Estate Provisions

I would like to discuss:

- Bequest through a Will
- Life Insurance
- Charitable Gift Annuity
- Charitable Remainder Trust
- Retirement Assets (IRA, 401K)
- Gift of Real Estate
- Other: Please explain

I/We have already included Schreiber Center for Pediatric Development in our estate plans

Estimated value (optional)

\$ \_\_\_\_\_

I/We have enclosed the following documentation (e.g., pertinent section of a Will): \_\_\_\_\_

Please note any other information you wish to provide including desired Naming Opportunity

\_\_\_\_\_

\_\_\_\_\_

### Gift Purpose

I/We would like our/my gift to be used as follows:

Where needs are the greatest for the Where Heroes Are Made Campaign

- Restricted to the following purposes (e.g. Endowment, Renovations, etc):
- \_\_\_\_\_
- \_\_\_\_\_

DONOR SIGNATURE(S)

DATE



The official registration and financial information of Schreiber Center for Pediatric Development may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.