

Your Commitment...

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Realizing the importance of Kettering Health Network's Cancer Center to the healthcare of people in the Greater Dayton area, I/we hereby pledge the following:

Total Amount of Gift: \$ _____

Down Payment (optional): \$ _____

Balance Remaining: \$ _____

Pledge Period: 3 years 5 years other (please specify) _____

Frequency: annual quarterly other (please specify) _____

Payment Start Date: _____

PAYMENT OPTIONS:

- I/We wish to make a contribution using a check.
Please make checks payable to Kettering Medical Center Foundation.
- I/We wish to make a contribution using a credit card.
- I/We wish to make a contribution using stock or another method.
- I/We wish to make a contribution using payroll deduction.

MATCHING GIFTS:

- My/my spouse's employer has a Matching Gift program.

Name of Company _____

ACKNOWLEDGMENT PREFERENCE:

- I/We prefer to remain anonymous in any public recognition material.
- I/We wish to be listed in any public recognition material as:

Signature: _____ Date: _____

Signature: _____ Date: _____

Because of you...