



## New Doors to Health Pledge Commitment Form

### Donor Information (please print)

Personal Gift

Corporate Gift

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Donation Information

I/We commit to a total gift of: \$ \_\_\_\_\_.

Giving Method	Frequency of pledge installments
<input type="radio"/> Cash/Check (payable to MarillacHealth) <input type="radio"/> Credit Card Card # _____ Exp. _____ CVV _____	This pledge will be made in (check all that apply): <input type="radio"/> 2023 <input type="radio"/> 2024 <input type="radio"/> 2025 <input type="radio"/> One-Time <input type="radio"/> Monthly <input type="radio"/> Quarterly Annually (which month?) _____

### Other Ways to Give

- Gifts or Assets: stocks, real estate, boats/cars, etc.
- Matching Gift—This gift will be matched by \_\_\_\_\_
- Tribute Gift—This gift is in honor of memory of \_\_\_\_\_
- Planned Gift—Consider making Marillac part of your estate plan
- Required Minimum Distribution from Your IRA
- Donor-Advised Fund
- I would like information on Enterprise Zone (EZ) donation tax credit.
- You have my EZ information on file.

### Gift Acknowledgment/Recognition

- This is how my/our name should appear in publications: \_\_\_\_\_
- I/we wish to remain anonymous in publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Martha Graf at Martha.Graf@MarillacHealth.org or 2333 N. 6th Street, Grand Junction, CO 81501.

MarillacHealth is a 501(c)(3) organization. All or part of your gift may be tax-deductible as a charitable contribution. Our Tax ID Number (TIN) is 84-1085822.