



Donor Name _____

Street Name _____

City _____

State _____

Zip _____

Preferred Phone _____

E-mail _____

Gift Commitment

I promise to give \$ _____ to The Medical Foundation of North Carolina, Inc.
on behalf of _____.

Purpose of Gift

Amount \$ _____ Designated For: _____

Amount \$ _____ Designated where the need is greatest.

Method of Payment

- Check enclosed for the amount of \$ _____ (made payable to the Medical Foundation of NC, Inc.).
- Please auto-draft my bank account. (Attach a voided check to this form).
- Please charge my credit card for the amount of \$ _____. (Attach credit card information form to this document).
- Other: _____.

Payment Schedule

Total Commitment \$ _____ _____ equal monthly payments of _____.

Initial Gift \$ _____ _____ equal annual payments of _____.

Balance Due \$ _____ Other payment schedule attached.

First Payment Due _____

Recognition

- I would like my spouse to receive recognition credit. Spouse Name: _____
- Please list my/our names as follows: _____
- I/we would like to remain anonymous.

Private Foundations and Donor Advised Funds

IRS regulations prohibit a private foundation or a donor advised fund from making a gift toward the personal pledge of an individual. If you have a private foundation or donor advised fund and may make one or more gifts toward this commitment from it, please indicate below. A pledge can be made from a private foundation but the commitment form needs to be signed by an official of the foundation. Gifts from individuals can be made to the pledge of a foundation, but not vice versa.

Yes, I/we have a private foundation.

Foundation Name: _____ Administrator: _____

Yes, I/we have a donor advised fund.

Fund Name: _____ Administrator: _____

Corporate Matching Gifts

If you work for a company that has a matching gift program, you may be eligible to have your personal gift matched. Corporate matching gift programs are contributions from the corporation, and you will receive recognition credit for the amount of each matching gift received. Corporate matching gifts cannot be included in the amount of your personal pledge commitment to The Medical Foundation of North Carolina, Inc. and cannot reduce your personal pledge.

I/we work for a company with a matching gift program:

Company Name: _____

By signing below, I confirm the details of my commitment to The Medical Foundation of North Carolina, Inc. and authorize the payment of such commitment as noted above.

Donor

Date