

## GIFT / PLEDGE FORM Heart and Vascular

### PERSONAL INFORMATION

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Home  Cell  Business

Email \_\_\_\_\_

- This is a joint gift with my spouse (named above)  
 I wish to remain anonymous; do not list my name in publications.

### GIFT / PLEDGE INFORMATION

I/We make a total gift/ pledge of \$ \_\_\_\_\_

To be designated to the Excellence in Heart and Vascular Fund

Other \_\_\_\_\_

Amount paid herewith: \$ \_\_\_\_\_

Amount of each payment \$ \_\_\_\_\_

To be paid:

Monthly  Quarterly  Annually  Other

Begin (mm/yy): \_\_\_\_ / \_\_\_\_ End (mm/yy): \_\_\_\_ / \_\_\_\_

In lieu of making a pledge, I intend to recommend a distribution from my donor advised fund.

Appeal: campev/3306

### GIFT PAYMENT OPTIONS

**Cash or Check:** Please make check payable to **Wake Forest Baptist Medical Center**

**Credit Card:** Card # \_\_\_\_\_ Expiration date \_\_\_\_ / \_\_\_\_

VISA  MasterCard  American Express  Discover

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Monthly Electronic Funds Transfer (EFT):** Please send me the proper forms to authorize electronic transactions directly from my financial institution(s). Forms may be requested by calling (800) 899-7128 or emailing devalum@wakehealth.edu.

**My payment will be matched** by my employer's matching gift program. I have enclosed the completed application form or have submitted it electronically. Company name: \_\_\_\_\_

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

Spouse's signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### THANK YOU FOR YOUR GENEROSITY

Wake Forest Baptist Medical Center  
Office of Philanthropy and Alumni Relations  
P.O. Box 571021, Winston-Salem, NC 27157-1021  
Phone: (336) 716-4589 / (800) 899-7128 Fax: (336) 716-7168  
Give online at [wakehealth.edu/OnlineGift.htm](http://wakehealth.edu/OnlineGift.htm)