

Gift Commitment Form

Donor Name: _____

Contact Name (if different from 'Donor Name'): _____

Address: _____

Phone: _____ Email: _____

I/We want to partner with Cone Health through a gift of
\$ _____ designated to: _____ (specify fund or purpose)

Payment Information:

- Check (payable to Cone Health with designation noted in memo field)
 Credit Card (call 336.832.9452)

Pledge Agreement:

I/We agree to pay the amount specified above, according to the following schedule:

- Onetime payment by _____ (mm/dd/yy)
 Annual installment(s) of \$ _____ beginning in ____ / ____ for ____ years (up to 5)
 Custom Schedule: _____
 We intend to request our donor advised fund or family foundation to make the above payments to Cone Health. (NOTE: Gifts from family foundations may not be used to satisfy personal pledges, therefore this agreement is recognized as a 'gift intent' that will not be booked as a personal pledge.)

Honor/Memorial:

Gift is given in (select one) Honor Memory

(Enter contact information for person to be notified of your thoughtfulness.)

Recognition:

In donor recognition listings and publications, please list my/our name(s) as:

(Enter anonymous if you prefer not to be listed.)

Company Match Program:

Company Name _____
(Please include matching gift form or provide website link.)

Mail completed form and payment to:
Cone Health Philanthropy Office, 1200 N. Elm Street, Greensboro, NC 27401

