

## PLEDGE FORM

I/We support the Golisano Center for Special Needs.

Date \_\_\_\_\_

Total Pledge/Gift Amount \$ \_\_\_\_\_

☐ I/we prefer my/our gift to be used to name the following: \_\_\_\_\_

We understand that if construction is involved and has not been completed, plans can change, and the Upstate Foundation will make every effort to match our naming preferences, but this naming area cannot be guaranteed until completion.

### CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Development Officer (if applicable) \_\_\_\_\_

This gift/pledge is ☐ In Honor of

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PAYMENT OPTIONS

☐ Pledge payments: ☐ Annually ☐ Quarterly ☐ Monthly

Over a period of \_\_\_\_\_ years (up to three), beginning \_\_\_\_\_ (month/year)

☐ Check enclosed made payable to The Upstate Foundation, Inc.

☐ Please charge: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

To make payments with appreciated stock, contact the Upstate Foundation office for specific information.

### ADDITIONAL INFORMATION

☐ I have enclosed my employer's matching gift form. Employer's name \_\_\_\_\_

Gifts to Upstate through your will/estate planning:

☐ I have remembered Upstate ☐ I intend to remember Upstate

☐ Please send me free and confidential information about making a gift through my will.

**This pledge commitment and terms are not valid until signed by both parties.**

\_\_\_\_\_  
Donor

\_\_\_\_\_  
AVP/VP for Development

Contributions are tax-deductible to the extent provided by law.

**Thank you!**