

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

- I/we would like to support:
- Upstate Golisano Children's Hospital
  - Upstate Cancer Center
  - Other \_\_\_\_\_

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 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 two), beginning \_\_\_\_\_ (month/year)
- Check enclosed made payable to The Upstate Foundation, Inc.
- Please charge:  Visa  MasterCard  Discover  Amex
- Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Signature \_\_\_\_\_

**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!*