

I/We are pleased to offer the following support to Jones Memorial Hospital's Capital Campaign:

I/We pledge a total sum of \$ _____ (Amount) to be fulfilled over a period of:
 1 year 2 years 3 years 4 years 5 years with payments beginning on: (Start Date) ____ / ____ / ____.

Payment Schedule: I/We will fulfill this commitment according to this schedule:

2022: \$ _____	Please send me pledge reminders:	
2023: \$ _____	<input type="checkbox"/> Annually	Every: (Month) _____
2024: \$ _____	<input type="checkbox"/> Semi-Annually	Every: (Month) _____ & _____
2025: \$ _____	<input type="checkbox"/> Quarterly	Every: (Month) _____, _____, _____, _____
2026: \$ _____	<input type="checkbox"/> Monthly	

Matching Gift Program

I/We intend to recommend an additional \$ _____ (Total Amount) over _____ (Number of Years) to the _____ (Name of Company) matching gift program.

Anticipated Method of Payment

- 1st Payment Enclosed: A payment of \$ _____ (Amount) is being remitted with this form.
- Check: Payable to Jones Memorial Hospital Foundation.
- Transfer of Securities: Jones Memorial Hospital Foundation staff will provide special instructions.
- Credit Card or Automatic Payment: Visit www.urmc.rochester.edu/jones-memorial-hospital and select "Giving."
- Payroll deduction.
- Other Method (specify): _____

Contact Information

Donor Name(s)	Email Address
Street Address	City, State Zip Code
Signature	Date
Signature	Date

Recognition: Please list my/our contribution as: _____

By my/our signature above, I pledge to fulfill this commitment according to the payment schedule shown. I understand that I may prepay this amount at any time. If my/our commitment involves a Naming Opportunity, I understand that there will be a separate Gift Agreement to supplement this signed commitment form.