

*Please print, sign, mail or fax this form to complete your pledge commitment. Your signature must be on file with Methodist Hospital Foundation in order to confirm your pledge and qualify for the matching gift.*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Pledge Commitment**

\_\_\_\_\_ agrees to pledge \$ \_\_\_\_\_  
(Name) (Pledge amount)

to Nebraska Methodist Hospital Foundation, designated to benefit the Defining Moment Capital Campaign.

**I would like my gift to benefit**

- The Pathology Center – The Schenken Pavilion  84<sup>th</sup> Street Surgical Suites
- Methodist Women’s Hospital

**Pledge Payment Schedule**

This pledge will be paid in full by December 31, 2015. Please indicate years of payment and/or amounts below.

Year	Amount
2010	\$
2011	\$
2012	\$
2013	\$
2014	\$
2015	\$

The payment schedule may be adjusted at any time.

If you need to adjust your payment schedule, please contact Methodist Hospital Foundation.

**Recognition**

Please print your name as you would like it to appear for recognition:

*Gifts of \$5,000 and greater will be recognized on a donor recognition wall at Methodist Women’s Hospital*

- 
- Please, no recognition for my gift.

**Signature and Date**

\_\_\_\_\_  
Name Date