

Gift Commitment

I/We wish to make a gift to the SIH Foundation. I/We hereby pledge/agree to contribute as follows:

One Time Gift \$ _____

Total Pledge \$ _____

Balance to be paid over a period of: _____ years

Initial payment enclosed: \$ _____

Payments on my/our pledge will be made beginning: _____/_____/_____

Thereafter, payments on my/our pledge will be made:

- Monthly
- Quarterly
- Semi-Annually
- Annually
- Other _____

Payments will be made by:

- Check (payable to SIH Foundation)
- Credit Card
- Credit Card # _____
- Expiration Date _____ Security Code _____

I/We understand that my/our contribution will be used for Captial purposes to support the SIH Cancer Institute, equipment and/or services.

Name(s) _____

Address _____

Company (if applicable) _____

Email _____

Phone (Home/Cell) _____ Phone (Business) _____

Donor Names

- I/We wish to remain anonymous
- I/We wish my/our name(s) to be listed among the donors as follows _____

This gift of support for SIH is being made:

- In Honor of _____
- In Memory of _____
- This gift is intended for the following Naming Opportunity (Please contact the Director of the SIH Foundation for additional information)
- Please remove me from your mailing list (fill in name for removal).

Signature  _____ Date _____