



- JIM VALVANO

P L E D G E F O R M

I/we pledge a total gift of \$ _____

THE GIFT IS DESIGNATED FOR:

- Cancer Research
- Endowment *Board Restricted*

I/WE WISH TO FULFILL THIS COMMITMENT AS FOLLOWS:

Payment Method:

- Check (Make payable to the V Foundation)
- Credit Card (See below)
- Stock (Call the V Foundation office)
- Planned Gift (Call the V Foundation office)
- Donor Advised Fund: I/we intend to request our donor advised fund to make the following payments to the V Foundation for Cancer Research.
DAF Administrator: _____

Payment Terms:

- Payment in full enclosed.
- Pledge to be paid in full within _____ years beginning in _____ / _____
month / year

Please remind me:

- Annually
- Semi-Annually
- Quarterly (in months: January April July October)

My first payment is enclosed: \$ _____

GIFT INFORMATION:

- This gift is in honor of _____
- This gift is in memory of _____
- This gift is eligible for a matching gift by _____
(Company Name)

YOUR INFORMATION (PLEASE PRINT):

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (cell) _____ (work)

Email _____

ACKNOWLEDGMENT

Recognition name as you would like it to appear on donor listings:

- Please list my gift as anonymous.

Signature

Date

If you wish to fulfill your commitment with a credit card, please provide a

Credit Card Number: _____ Expiration Date: ____ / ____ Security Code: _____



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