

NOT A MOMENT TO LOSE

**IN SUPPORT OF NOT A MOMENT TO LOSE,
THE CAMPAIGN FOR THE V FOUNDATION FOR CANCER RESEARCH**

I/we pledge a total gift of \$ _____

THE GIFT IS DESIGNATED FOR:

- Cancer Research Endowment

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. Recommendations must be accepted and approved by _____.

Payment Terms:

- Payment in full enclosed.
 Pledge to be paid in full within _____ years.

Please remind me:

- Annually (\$_____) Semi-Annually (\$_____) Quarterly (\$_____) Monthly (\$_____)

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: _____

