



Turn a Page. Touch a Mind.

An Integrated Campaign To Promote Literacy

Gift or Pledge Form

Outright Contribution

- I/We wish to make an outright gift of \$ _____
Check enclosed and payable to the "Kansas Pediatric Foundation"
- I/We wish to make a gift of property:
 - stocks, securities,
 - real estate
 - other _____

Pledge

- I/We promise to make a gift of \$ _____ made payable to the "Kansas Pediatric Foundation".
(Authorized signature required at the end of this form.)
I/We promise to make our gift in equal installments of \$ _____ beginning in _____ (month/year).
I/We intend to make payments: monthly, quarterly, semi-annually, annually. Please send reminders accordingly

Deferred Gift

- I/We wish to make a deferred gift through: will provision charitable trust life insurance
Appropriate documentation of a deferred gift will be requested. Estimated value: _____

Corporate Matching Gift

- In addition to making this commitment, my/our gift of \$ _____ will be enhanced with corporate matching funds from _____ (name of employer).

Gift Designation

- I/We wish my/our gift to be used where the need is greatest within the Kansas Pediatric Foundation unless marked below.
- for the **Turn a Page. Touch a Mind.** Campaign
 - Endowment Funds
 - Where the need is greatest for the campaign
 - designated for the specific areas of _____

Donor Information

- I/We authorize the publication of this gift, in order to encourage others to give. The name(s) preferred for publication _____
- I/We wish this gift to be confidential.

Name _____ SIGNATURE _____

Name _____ SIGNATURE _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Fax _____ E-mail _____

Date _____

Director of Development _____

Beth Shearer, CFRE
785-493-4688, bethshearer@cox.net

Complete and mail to:
Kansas Pediatric Foundation
PO Box 860481
Shawnee, KS 66286-0801

For Office Use Only
ID Number(s)

- Endowment Fund
- Unrestricted Fund

Kansas Chapter of the
American Academy of Pediatrics

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