

# Building a New Generation of Medicine

## The Campaign for Holy Cross

Donor \_\_\_\_\_  
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**Signature** \_\_\_\_\_

In support of the goals for *The Campaign for Holy Cross*, and in consideration of the gifts of others, I/We pledge to contribute the sum of \$ \_\_\_\_\_ to the Campaign. The following represents my preferred payment terms:

- LUMP-SUM:** To be paid on or about: \_\_\_\_\_ (month/day/year)
  - Check (made payable to Holy Cross Health Foundation)
  - Credit Card: (circle one) VISA MASTERCARD DISCOVER AMERICAN EXPRESS
  - Card Number: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_
  - Other (e.g. Stock, securities, etc.): \_\_\_\_\_

- INSTALLMENTS:** Frequency \_\_\_\_\_ (monthly/quarterly/semi-annual/annual)  
Payments will be made according to the following schedule: \_\_\_\_\_  
\_\_\_\_\_

- SPECIFIC GIFT INSTRUCTIONS OR COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

- IN RECOGNITION:** Please recognized me/us as follows in any press or publications: \_\_\_\_\_
- ANONYMOUS:** Please keep my gift anonymous.
- HONOR OR MEMORIAL:** My/Our commitment is in honor or memory of: \_\_\_\_\_
- NAMING OPPORTUNITIES:** Check here if you are interested in naming opportunities.

Please mail completed form to: Holy Cross Health Foundation, 11801 Tech Road, Silver Spring, MD 20904  
For questions, please contact the Foundation Office at 301-754-7107