



# MVHS<sup>TM</sup> Foundation

## Mohawk Valley Health System Foundation Gift/Pledge Form

Name(s)-(please print): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing address if different than above: \_\_\_\_\_

Preferred Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I/We hereby commit to the sum of \$ \_\_\_\_\_

This is a:  Personal gift  Corporate gift

My gift is an unrestricted donation to be used for the priority needs of the Foundation.

My gift is a restricted donation to the Foundation and is intended to support: \_\_\_\_\_

\_\_\_\_\_  
Donor Signature Date

\_\_\_\_\_  
Foundation Signature Date

To assist in accurately processing your gift, please complete the following sections as they apply.

Gift to be paid as follows:

Record this gift as a pledge to be billed \_\_\_\_\_ beginning \_\_\_\_\_  
(frequency) (mo/yr)

Check (payable to the MVHS Foundation) enclosed in the amount of: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card-  MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV: \_\_\_\_\_

Recognition Preference:

I/We would like to be recognized as follows:  
\_\_\_\_\_

Thank you for your support. Questions regarding your gift and payment may be directed to the MVHS Foundation Office at 315-624-5600. Please return this form to: MVHS Foundation, 1676 Sunset Ave., Utica, NY 13502. Donations are tax-deductible to the extent allowed by law; additional tax information will be sent with your gift acknowledgement.

**For office use only**

Campaign: \_\_\_\_\_

Fund: \_\_\_\_\_

Appeal: \_\_\_\_\_

Package: \_\_\_\_\_

Acknowledged