



## Corporate Pledge Form

### Building on Excellence Capital Campaign

#### Donor Information

Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact \_\_\_\_\_  
E-Mail \_\_\_\_\_

#### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: [ ] now [ ] monthly [ ] quarterly [ ] annually  
Credit Card Number: \_\_\_\_\_  
Credit Card Type: [ ] Visa [ ] Mastercard  
Expiration Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

#### Recognition Information

Please use the following in all recognitions: \_\_\_\_\_  
Signature \_\_\_\_\_  
Today's Date \_\_\_\_\_  
[ ] Our company wishes to have our gift remain anonymous.

#### Payment Information

Checks, corporate matches, or other gifts payable and mailed or faxed to:  
Emergency Medicine Learning & Resource Center  
3717 South Conway Road, Orlando, FL 32812  
Facsimile: (407) 281-4407

\*\*\*\*A portion of donation will be used for working capital purposes\*\*\*\*  
Contributions are tax deductible as provided by law. A copy of the original registration and financial information may be obtained from the Division of Consumer Services by calling toll free (800) 435-7352, within the state. Registration does not imply endorsement, approval or recommendation by the State.