



Individual Pledge Form

Building on Excellence Capital Campaign

Donor Information

Name _____
Address _____
City, State, Zip _____
Telephone (home) _____
Telephone (business) _____
Fax _____
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: _____

Gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded

If paying by stock, please have your broker contact Beth Brunner at (407) 281-7396 x14.

Recognition Information

Please use the following name(s) _____

in all recognitions: _____

Signature(s) _____

Today's Date _____

I/We wish 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.