



# The Campaign for The Marianne Tobias Music Program at Eskenazi Health PLEDGE FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birthday \_\_\_\_\_

Total Gift Amount \$ \_\_\_\_\_

Planned Gift Amount & Type \$ \_\_\_\_\_

Recognition Name and Designation \_\_\_\_\_

Check Enclosed       Credit Card

Type of Card \_\_\_\_\_ Name on Card \_\_\_\_\_

Number \_\_\_\_\_ Expiration \_\_\_\_\_ CIN \_\_\_\_\_

**Payment & Pledge Reminder Schedule** \*Annual payment to be made \_\_\_\_\_ (month, date).  
Reminder will be sent 1 month prior.

2016 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

2017 \$ \_\_\_\_\_

2020 \$ \_\_\_\_\_

2018 \$ \_\_\_\_\_

Signature \_\_\_\_\_

*Eskenazi Health Foundation is a 501(c)3 not for profit organization.  
All gifts are tax deductible as permitted by IRS regulation.  
Tax ID: 311132066*