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PLEDGE FORM

Kansas Health Foundation GROW II Grant

ector@parsonsareacf.org | 620-421-0723 | Fax: 620-506-9989

DONOR INFORMATION (Please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this gift in honor or memory of someone? _____

PLEDGE & GIFT INFORMATION

Designation:

_____ PACF Endowed Touch the Future Fund for local grantmaking (1:2 Match)

_____ Parsons Area Endowed Fund for Public Health (1:2 Match)

_____ PACF Endowed Operating Fund (1:2 Match)

_____ Endowed Donor Advised Fund (1:4 Match)

_____ Endowed Agency Fund (1:4 Match)

_____ Endowed Field of Interest Fund (1:4 Match)

Type of Gift:

_____ Gift of cash or online credit card donation, www.parsonsareacf.org

_____ Stock (please call office, 620-421-0723 for transfer information)

_____ IRA

_____ Life Insurance

_____ Charitable Trust (please call office, 620-421-0723 for details)

_____ Non-cash asset (i.e: land, building, farm equipment, cattle, crops)

_____ Irrevocable bequest

Total Amount of gift, or estimated value: \$ _____

Please circle: Outright or Over a Period of Years (The grant extends over a 5 year period from 2013 to 2017)

Amount per year: _____ **# of Years** _____

_____ **Full Payment** _____ **Monthly** (Electronic Funds Deposit)

_____ **Quarterly** _____ **Annually**

Do you wish to be anonymous? Yes No

Every gift is significant and will make a difference. With deep appreciation, we will recognize donors at the following levels for their cumulative gifts over the five year grant period:

Cornerstone: \$5.00 - \$2499

Pacesetter: \$5000 - \$24,999

Leadership: \$2500 - \$4999

Visionary: \$25,000 and up

Signature: _____ Date: _____