

Riley Hospital for Children



Commitment Direction

- Building Fund (Phase V)
- Children's Health Research Fund
(provides support for Riley research programs and facilities)
- Fund for Excellence in Pediatric Care
(provides support for clinical programs that care for children)
- Other _____

Name _____

School/Unit _____

Campus Address _____

Emp. ID # _____

Pay Type Bi-weekly 10 months 12 months

Your receipt will be sent to your home address.

Home Address _____

Home Phone _____

We will not share your contact information.

Have you made a previous commitment to Riley Children's Foundation? Yes No

Is this commitment from you and your spouse? Yes No

(spouse's name) _____

Does your spouse work for a matching commitment company? Yes No

This commitment will be matched with \$ _____ from

(matching company name) _____

Payment Options (choose one)

A. Commitment by Check

Enclosed is my check made payable to Riley Children's Foundation in the amount of:

\$ _____

B. Commitment by Credit Card

I wish to charge my commitment in the amount of:

\$ _____

American Express Discover MasterCard Visa

Account #: _____ Expires ____/____

Signature (required) _____

C. Payroll Deduction Pledge

I wish to make a pledge through payroll deduction of:

\$ _____ per month for ____ months

(NOTE: biweekly is deducted just once a month and the minimum is \$5/month for 4 months. All payroll deductions received by March 31, 2006, will begin in May 2006.)

Total Pledge \$ _____

Signature (required) _____

This deduction (check if applicable)

- replaces all my current payroll deductions
- should be added to my current payroll deductions
- is a new deduction/gift

D. Credit Card Pledge

I wish to make a credit card pledge:

12-month pledge of \$ _____ per month

Multi-year pledge of \$ _____ per year for ____ years

American Express Discover MasterCard Visa

Account #: _____ Expires ____/____

Signature (required) _____

Total Pledge \$ _____

E. Cash/Check Pledge

I wish to make a cash/check pledge:

12-month pledge of \$ _____ per month

Multi-year pledge of \$ _____ per year for ____ years

Total Pledge \$ _____

Do you wish to receive pledge reminders? Yes No

Please return this form to your Campus Campaign coordinator. Or mail to:
IU Foundation, 950 North Meridian Street, Suite 250, Indianapolis, IN 46204.

Thank you!