

# Women's Services Capital Campaign Pledge Commitment Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

## Make a Pledge

I pledge a total of \$\_\_\_\_\_ to Jennie Edmundson Hospital Foundation designated to benefit the Methodist Jennie Edmundson Hospital Women's Services Capital Campaign. *(Gifts of \$5,000 or more will be displayed on a donor recognition wall.)*

My gift will be made:  Over 3 years  As a single payment on \_\_\_\_\_ (date)

I would like pledge reminders:  Annually  Quarterly

Please send reminders by:  Mail  Email Beginning: \_\_\_\_\_ (date)

My company will match my gift: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Year	Amount
2020	
2021	
2022	
2023	
2024	

Please print your name as you would like it to appear for recognition. \_\_\_\_\_

*Please make checks payable to Jennie Edmundson Foundation. To make a secure online gift, visit [jehfoundation.org](http://jehfoundation.org).*

## Designate Your Gift in Honor or Memory of Someone

My gift is:  In memory of:  In honor of:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Please Notify: Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

## Learn About Planned Giving

I'd like to talk to JEH Foundation about a bequest, charitable trust, annuity, a gift of life insurance, appreciated stock or property.



**JENNIE EDMUNDSON  
FOUNDATION**

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