



**Pledge/Gift
Letter of Intent**

In recognition of Gracie Square Hospital's commitment to its mission, I am / we are pleased to provide support so Gracie Square Hospital is able to improve and sustain itself.

I/we pledge my/our support to Gracie Square Hospital with the following gift/pledge:

\$_____ **Total**

It is my/our intention to fulfill this commitment over ___year(s), with payments due:

- Quarterly Semi-Annually Annual
 One Year Two Years Three Years Four Years

The date my/our first pledge payment will be made is: _____

I/we would like to make a gift via: Stock Transfer Check

Credit Card# _____ Exp. Date _____

My employer will match my gift. I am employed by: _____

This pledge/gift is made in memory/honor of: _____

Please list my/our name(s)/address as follows: This gift is made anonymously.

Unrestricted Restricted _____

Donor Signature

Date

Gifts are tax-deductible to the full extent provided by law. For questions concerning a gift, please contact Jennifer Frost, Development and Communications Officer, at jennifer.frost@nyp.org or (212) 434 - 5686.

Thank you for your support of Gracie Square Hospital.