



**Capital Campaign  
PLEDGE FORM**

**PERSONAL INFORMATION**

Name of Donor(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

*Please note that it is our practice to list donor names and gift ranges in appropriate publications.*

Name(s) as you wish to be listed, if different than above:

\_\_\_\_\_

I/We wish this gift to be ANONYMOUS. I understand that this gift will not be listed in any St. Mary's publications.

**GIFT/PLEDGE INFORMATION**

I/We wish to make a:  One time gift  Pledge of \$ \_\_\_\_\_

As follows: Cash \$ \_\_\_\_\_ Stock \$ \_\_\_\_\_ Planned Gift \$ \_\_\_\_\_

I/We would like this gift to be:  Unrestricted to Campaign  
 Restricted (Naming Opportunities as outlined in solicitation materials)

Signature \_\_\_\_\_

Spouse/Partner signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to: Deb Perkins, St. Mary's Health System,  
PO Box 7291, Lewiston, ME 04243 ~ Phone 207-777-8863, email [dperkins@covh.org](mailto:dperkins@covh.org)  
[www.stmarysmaine.com](http://www.stmarysmaine.com)

*Should the campaign exceed its fundraising goal of \$6 million for the building project, those funds will be placed in a board-designated restricted account and used for additional capital expenses as needed.*

**PLEDGE PAYMENT OPTIONS:** Contributions may be spread over 3 years. Please indicate your choice below.

I/We will give \$\_\_\_\_\_ a year for \_\_\_\_\_ years

Pledge payments will begin (month/year)\_\_\_\_\_ and will be paid:

monthly  quarterly  semi-annually  annually

Please send reminders:  monthly  quarterly  semi-annually  annually  no reminders

**Credit Card/Debit Card**

Number: \_\_\_\_\_

Exp. date \_\_\_\_\_ CVC Code (3 digit code on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

**Cash or Check** \$\_\_\_\_\_ is enclosed.

*Please make check payable to "St. Mary's" with "Capital Campaign" in the memo line.*

**Stocks, Bonds, Mutual Funds, or Other Property** Approximate value: \$\_\_\_\_\_

*Please contact the Development Office to obtain further instructions on transferring gifts of stock or other property.*

**Matching Gift** In addition to my own personal gift commitment, \_\_\_\_\_ will match my gift. I have enclosed the completed form.

**LEGACY (PLANNED) GIFT:** I have made a provision in my estate planning to benefit St. Mary's Health System.

The provision is in the form of a:

Bequest (Will or Trust)

Retirement Fund Beneficiary Designation

Charitable Gift Annuity

Life Insurance

IRA

Other: \_\_\_\_\_

I would like my gift used for the following purpose:  Unrestricted  Endowment  Capital Campaign

St. Mary's Legacy Society Gift Recognition:  List the name(s) above in all publications.

I/we prefer to remain anonymous.

Estimated Value of Gift: \$\_\_\_\_\_

*A copy of the relevant portion of the legal document in which your gift is described would be helpful but is not required.*

My attorney and/or financial adviser is:

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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