

# PLEDGE

In consideration of the mission of the Academy of Architecture for Health Foundation, I/we hereby subscribe and agree to pay the total sum of \$ \_\_\_\_\_

## This pledge will be fulfilled as follows:

1. Paid herewith \$ \_\_\_\_\_
2. Paid in \_\_\_\_\_ (number of)  
 quarterly  semi-annually  annually  monthly  
installments of \$ \_\_\_\_\_ each  
beginning on/by \_\_\_\_\_ through \_\_\_\_\_
3. Appreciated securities or bequest as follows:

\_\_\_\_\_

**Please designate this pledge for:** *(indicate any special purpose)*

\_\_\_\_\_

**Please acknowledge me/us in campaign recognition materials as:**

*(individual)*

\_\_\_\_\_

*(firm)*

\_\_\_\_\_

**Please send a reminder on \_\_\_\_\_ to:**  
(MO/DY/YR)

Name, Title \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

*Thank you for your support!*