

SOLVING MEDICAL MYSTERIES

a campaign for DDC Clinic for Special Needs Children

PLEDGE FORM

I would like to make a donation to the "Solving Medical Mysteries" campaign.

Name(s) _____

Street _____

City, State, Zip _____

Phone _____

I wish my donation of \$ _____ to be used for:

NEW FACILITY

Naming Opportunity (listed on Page 11) I wish to sponsor:

Name(s) I wish to be permanently displayed:

FUTURE OPERATING FUND

RESEARCH & EDUCATION FUND

WHEREVER NEEDED MOST

I commit to paying my pledge annually over a period of ____ (1-3) years.

Visa MC Credit Card No. _____ Exp. Date _____

Signature

Date

Thank you for your generosity. Your gift is tax deductible to the full extent allowed by the IRS.

DDC Clinic

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