



AMERICAN SOCIETY OF HEMATOLOGY (ASH) FOUNDATION PLEDGE FORM

\*\*\*\*\*

Name: \_\_\_\_\_
First Last

Address: \_\_\_\_\_
Street
City, State, Zip, Country

Preferred Email for ASH Foundation correspondence: \_\_\_\_\_

Tel. #: \_\_\_\_\_

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I wish to establish a new Pledge to support the American Society of Hematology's mission. This letter is to confirm my giving intentions as follows:

- A. Total Pledge Amount: \$ \_\_\_\_\_
B. Pledge Period (payable over a period of no more than ten (10) years): \_\_\_\_\_
C. Fund designation (only one fund can be chosen for the pledge program). Select the applicable fund below.

ASH Greatest Needs Fund ASH Quality Care & Education Fund
ASH Sickle Cell Disease Initiative Fund ASH Career Development & Training Fund
ASH Research Awards Fund ASH Clinical Research Training Institute (CRTI) Fund
ASH Global Programs Fund ASH Minority Recruitment Initiatives Fund

- D. Pledge Payment Schedule (select the giving schedule that applies):
Yearly Quarterly Monthly
Commencing: \_\_\_\_\_ 20\_\_\_\_\_
Month Year

- E. Method of Pledge Fulfillment:
I intend to make pledge payments via the following means (select one option):
credit card money order wire transfer personal check
I intend to recommend that my Donor Advised Fund (DAF) make regular contributions. I understand that per IRS guidance I am not eligible to make a pledge via DAF-recommended gifts and that this "intent to give" via my DAF does not constitute a pledge. Please have a representative from the ASH Foundation contact me to facilitate recurring giving reminders through separate documentation.

On or around the first day of the relevant month per the giving schedule I've selected above, the ASH Foundation will email pledge reminder notices to my preferred email address until my giving intention is completed.

Please sign and date here:

Donor's Signature

Date