



## Gift Commitment Form

I wish to make a commitment in support of the goals of the SIR Foundation Capital Campaign.

My total pledge is \$\_\_\_\_\_ (\$\_\_\_\_\_ per year for \_\_\_ years), to be paid on the following schedule:

\$ \_\_\_\_\_ in \_\_\_\_/\_\_\_\_  
month/year

\$ \_\_\_\_\_ in \_\_\_\_/\_\_\_\_  
month/year

\$ \_\_\_\_\_ in \_\_\_\_/\_\_\_\_  
month/year

\$ \_\_\_\_\_ in \_\_\_\_/\_\_\_\_  
month/year

\$ \_\_\_\_\_ in \_\_\_\_/\_\_\_\_  
month/year

Please send reminder notices in the month(s) of \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name(s) you prefer for gift recognition

\_\_\_\_\_  
Address

Please check if you wish your gift to be Anonymous.

\_\_\_\_\_  
City, State and Zip Code

My employer will match my Campaign commitment.

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

Please make all checks payable to **SIR Foundation**.

SIR Foundation is a 501(c)(3) organization.  
Your gift may be tax-deductible according to IRS regulations.

**Society of Interventional Radiology Foundation**  
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