

## Pledge Agreement

| To meet the fundraising objectives that support So  | outhampton Hospital Four            | idation:  |                                  |
|---|-------------------------------------|---|----------------------------------|
| I/We confirm my/our intention to contribute a to  | otal of \$                          | ·   |                                  |
| Amount  |                                     | Fund or Purpose   |                                  |
| \$  |                                     |   |                                  |
| \$  |                                     |   |                                  |
| _   |                                     |   | <del></del>                      |
| \$  |                                     |   |                                  |
| Total Corporate Match Amount: \$  |                                     | expect a corporate match to<br>include that in the total am |                                  |
| Fulfillment Instructions  | Please enter custom                 | schedule•   |                                  |
| Number of Years:  | Payment #                           | Month/Year  | Payment Amount                   |
| Frequency:  | 1.                                  |   | \$                               |
| □ Monthly   | 2.                                  |   | \$                               |
| □ Semiannually  | 3.                                  |   | \$                               |
| □ Quarterly   | 4.                                  |   | \$                               |
| ☐ Annually Payment Type (select one):   | 5.                                  |   | \$                               |
| Exp. Date  Total pledge payment enclosed at this time: \$  This pledge is from □ Individual(s) □ Organizati   |                                     |   | lation, corporation, trust, etc. |
| Donor or Organization Name  |                                     |   | •                                |
| Spouse/Partner or Organization Contact Name _   |                                     |   |                                  |
| Address:   Home   Business  |                                     |   |                                  |
| Phone E-m   | ail Address                         |   | <del></del>                      |
| Individual or Org. Contact Signature  |                                     |   |                                  |
| Spouse/Partner Signature  |                                     |   |                                  |
| Spouse/1 artifet Signature  |                                     | Date  |                                  |
| outhampton Hospital Foundation, 240 Meeting   | g House Lane, Southampto            | on, NY 11968-5090   | Tel: (631) 726-8700              |
| The Southampton Hospital Foundation is a 501(c)(3) tax-exer<br>of Southampton Hospital Foundation. The Southampton Hos<br>Gifts to the Southampton Hospital Foundation are tax-deduct | spital Foundation's federal tax ide | entification number is 1                                    | 1-3466516.                       |
| For Internal Use Only:  |                                     |   |                                  |
| •   | #                                   | Appeal/Propose  | al #                             |
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