



ANNIVERSARY CAMPAIGN PLEDGE FORM

Name

(please print)

Address, City, State, Zip

Phone

Email

In recognition of commitment to its mission through a Campaign to increase capacity to serve individuals with aphasia, I am/we are pleased to provide the support described below:

I/we pledge my/our support to the Adler Aphasia Center with the following gift/pledge: \$_____.

It is my/our intention to fulfill this commitment over _____ years, with payments due:

Annually Semi-Annually Quarterly Monthly

The date of my/our first pledge payment is: _____

**Please make your check payable to: Adler Aphasia Center
60 West Hunter Avenue, Maywood, NJ 07607**

We will send reminders one month before pledge payments are due.

This gift is made in memory of: _____

Please list my/our names(s) as follows: _____

I would like the following Named Giving Opportunity: _____

This gift is made anonymously.

I/we would like to make a gift via stock transfer.

My employer will match my gift. I am employed by: _____

Donor Signature

Date

Gifts are tax-deductible to the full extent provided by the law.
For questions concerning a pledge or gift, please call Elissa Goldstein at 201.368.8585 or email egoldstein@adleraphasiacenter.org.

Thank you for your support of the Adler Aphasia Center.