

**VCU Parkinson’s and Movement Disorders Center**

**PLEDGE FORM**

**DONOR INFORMATION** *(Please type or print)*

Full Name:

Address

City: State: Zip Code:

Home Phone: Business Phone:

Email:

**COMMITMENT**

I (we) pledge a total of $ towards VCU Parkinson’s and Movement Disorders Center’s Vibration Therapy Project.

🞏 My gift will be made in one payment on or before

 *Month and Year*

🞏 My gift will be made in installments. I plan to give $ per year for years.

Please schedule future payments beginning:

 *Month and Year*

I/we would like reminders sent: 🞏 Monthly 🞏 Quarterly 🞏 Annually 🞏 No Reminders

I (we) plan to make my (our) contribution in the form of:

🞏 Check 🞏 Charge 🞏 Stock 🞏 Other

**DONOR RECOGNITION**

Please state how you would like your name(s) to appear:

🞏 I (we) wish to remain anonymous

**DONOR SIGNATURE**

Full Name Date

Donations are tax-deductible to the extent allowed by law.

Mail your pledge to: VCU Health, Box 980275, Richmond, VA 23298-0275

These funds will be administered by the Medical College of Virginia Foundation for the

VCU Parkinson’s and Movement Disorder Center. A portion of all gifts will be used to further fund development efforts and operations on behalf of Virginia Commonwealth University.