



CLASS OF 1978 HEALTH SCIENCES CENTER COMMITMENT FORM

The Class of 1978 intends to name a space in the new Health Sciences Center in honor of our 45th and 50th reunions. It is my intent to support my class's effort for this project through the following commitment:

I wish to pledge my support with a *multi-year commitment* in annual payments as follows:

45 th Reunion Yr. by June 30, 2023	\$ _____	Advancing Humanics: Health Sciences Center Fund
by June 30, 2024	\$ _____	Advancing Humanics: Health Sciences Center Fund
by June 30, 2025	\$ _____	Advancing Humanics: Health Sciences Center Fund
by June 30, 2026	\$ _____	Advancing Humanics: Health Sciences Center Fund
by June 30, 2027	\$ _____	Advancing Humanics: Health Sciences Center Fund
50 th Reunion Yr. by June 30, 2028	\$ _____	Advancing Humanics: Health Sciences Center Fund
TOTAL	\$ _____	Advancing Humanics: Health Sciences Center Fund

I wish to make a *one-time gift* to my class's efforts as follows:

Gift Date (month & year) / \$ Advancing Humanics: Health Sciences Center Fund
Mo. Yr. one-time gift amount

Fulfillment Method

I wish to make my gift via the following:

- Send me **pledge reminders** each year and I will determine how to fulfill this commitment.
- Charge my **credit card* on an annual basis** for the full amount in the month of _____.
- Charge my **credit card* one time** for the full amount in the month of _____.
- Charge my **credit card* in monthly installments** that equally divide my payment. These payments should be \$ _____ per month starting on _____ (month/year) and concluding on _____ (month/year).

**To keep credit card information secure, please call the Office of Development at 800-622-6072 to provide your card details.*

Company Matching Gift

It is my intention to request a **company matching gift** in addition to the commitment listed above. I anticipate an annual match of:

1:1 2:1 3:1

Companies require matching gift forms to be submitted each year. They will be included and recognized as part of your total campaign gift once received. Matching gifts cannot be documented as part of your official pledge per College auditors.

By signing this document, I understand that Springfield College recognizes my commitment to the Health Sciences Center Fund in honor of the Class of 1978 45th and 50th Reunions.

Print Name: _____

Please check here if you wish to count your contribution in the class totals, but keep your name(s) anonymous on all class recognition lists.

Signed: _____ Date: _____

Address: _____

Home phone: _____ Cell phone: _____ Email: _____

Please return this commitment form to:
Office of Development, Springfield College, 263 Alden Street, Springfield, MA 01109-3797

For questions, call (800) 622-6072 or email developmentandalumni@springfield.edu

THE CAMPAIGN FOR
Advancing  **Humanics**
SPRINGFIELD COLLEGE