

NEW ORLEANS MEDICAL MISSION SERVICES

THE ENDOWMENT FUND CAMPAIGN



As an expression of support for NOMMS and this campaign, please accept this pledge in the following amount
(pledge period not to exceed five years):

Name: _____

Total Pledged: \$ _____

Address: _____

Amount Enclosed: \$ _____

Daytime Phone: () _____ Home: () _____

Balance Payable: \$ _____ monthly for months, _____ starting _____

Email Address: _____

\$ _____ quarterly for months, _____ starting _____

*Please make checks payable to: **NOMMS Endowment Campaign***

\$ _____ semi-annually for _____ years, starting _____

You may email this form to: centola.edna@gmail.com

or mail it to: Fred Mikill, Managing Director, PO Box 6249, New Orleans, LA 70174

\$ _____ annually for _____ years, starting _____

It is understood that this pledge is not legally binding. However, it is viewed as a strong commitment that is intended to be kept.
My gift(s) to this campaign is (are) tax-deductible to the full extent of the law.

Signed: _____ Date: _____

Print Name: _____

Please check all that apply:

I agree to the use of my name for use in donor recognition publications (pledge amount or range amounts can be listed). I would like my name to appear in publications (i.e. the NOMMS newsletter, the NOMMS website, Annual Gala Program) as follows: _____

I prefer my gift remain anonymous.

Please contact me regarding a memorial/honorary gift or the use of stocks or appreciated properties.

I will fulfill my pledge through Check, Credit Card or Auto Draft Payments. Please send me more information.

