

## PLEDGE FORM

Name of Fund: Tactile Communication and Neurorehabilitation Lab (TCNL)

### Donor Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_ (home, work, cell)

Email: \_\_\_\_\_

### Terms of Pledge

I (we) hereby pledge \$ \_\_\_\_\_ per year to be paid over \_\_\_\_\_ years for a total of \$ \_\_\_\_\_, beginning in \_\_\_\_\_ (mm/yy) and ending in \_\_\_\_\_ (mm/yy).

**OR**

I (we) pledge to give \$ \_\_\_\_\_ annually until further notice. Please send a reminder in the month of \_\_\_\_\_.

I wish to remain anonymous.

*Reminder: If you work for a matching gift employer, asking them to match this gift may increase your support for our programs.*

Signature of donor(s):

\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, please return this form to:

Marilyn S. Rhodes, UW Foundation, 1848 University Avenue, Madison, WI 53726