



Good Samaritan Hospital

Gift Pledge Agreement (Multiple Payments)

Donor Name(s):

_____ (first, middle initial, last) (if organization, please include full name)

Mailing Address:

Phone: _____

Related Donor Information: (If donor is an organization, name/title of contact individual):

Relationship to Good Samaritan Hospital: _____

As an expression of my commitment to the mission of Good Samaritan Hospital and the programs and services it provides, I/we hereby agree to give Good Samaritan Hospital a **total of** \$ _____ to support:

_____ (specific or general purpose for your gift)

_____ I/We wish to make a one-time gift of \$ _____

_____ I/We wish to make these special arrangements for the payment of this gift:

The **initial payment** in the amount of \$ _____ will be paid by (date) _____

_____ Check (payable to Good Samaritan Hospital) _____ Marketable securities

_____ Credit Visa MasterCard American Express Other: _____

Your name as it appears on the card: _____

Account # _____ Expiration Date: _____

Signature to authorize credit card use: _____ Date: _____

Additional payments will be made with: _____ Cash via Check _____ Life insurance _____ Real property

_____ Charitable Trust _____ Gift annuity

Other: _____

The **Payment Schedule** will be as follows:

- \$ _____ (month/year)
- \$ _____ (month/year)
- \$ _____ (month/year)
- \$ _____ (month/year)
- \$ _____ (month/year)

Donor Recognition: Good Samaritan Hospital lists name of special friends in publications.

I/We authorize publishing my/our name(s) in printed materials: _____ Yes _____ No

Please indicate your name(s) (including titles) as you would like to be listed in recognition materials:

Naming Opportunity _____

In good faith, donor hereby directs the executor, administrator, trustee or other representative or successor to pay any unpaid balance of this pledge within one year from the date of his/her death.

Good Samaritan Hospital will provide an annual report to the donor(s) including but not limited to, an accounting for the use of the amount given for this pledge. In the unlikely event that at some future time it becomes impossible for the amounts given to serve the purpose/use for which they were intended, the Board of Trustees of Good Samaritan Hospital in consultation with the donor(s) shall direct that the gift be devoted to a purpose and use deemed the most consistent with the wishes of the donor(s). This agreement is executed in and shall be governed by the laws of the State of California.

Donor Signature _____ Today's Date: _____

Donor Signature _____ Today's Date: _____

Gift received by: _____

(Signature): _____ Date: _____

Gift approved by:
(Print name) _____

(Signature): _____ Date: _____

Make checks payable to: Good Samaritan Hospital

Mail to: Development Department – Good Samaritan Hospital

1225 Wilshire Boulevard, Los Angeles, CA 90017-1901

Phone: (213) 482-2774 • Fax: (213) 977- 2900

Gifts to Good Samaritan Hospital are tax deductible as provided by law.

Tax I.D. Number: 95-1656366

Thank you for your generous support!