



NFFR
National Foundation
for Facial Reconstruction

Changing Faces - Transforming Lives

It is my/our intention to pledge to *The Next Century of Changing Faces and Transforming Lives Campaign* in the amount of \$ _____.

This gift will be paid as follows: Enclosed Today: \$ _____

Pledge Payment Schedule: (3 to 5 years)

Amount: \$ _____ Date: _____

Amount: \$ _____ Date: _____

Amount: \$ _____ Date: _____

Amount: \$ _____ Date: _____

Amount: \$ _____ Date: _____

Please send me reminders:

_____ Annually

_____ Semi-annually

_____ Other

This gift shall be invested and income distributions shall be authorized in accordance with policies established by the Board of Trustees at the National Foundation for Facial Reconstruction.

Gift Instructions/Naming Opportunities:

I/we permit you to use my/our gift commitment for marketing and/or reporting purposes. While I/we consider it a moral obligation to fulfill this pledge, I/we reserve the right to modify this commitment in the event of unforeseen financial circumstances.

Name Signature Date

Address City/State Zip

The terms and conditions as described above are accepted on behalf of National Foundation for Facial Reconstruction by:

Name Signature Date

Title