

Who Will Care?

Investing in a Comprehensive Solution to the Nurse Shortage

Pledge Confirmation

In support of THE WHO WILL CARE? CAMPAIGN, I / We agree to provide a gift of \$ _____

I / We will provide a pledge payable in installments of \$ _____ over the next _____ years (not to exceed 5 years), on the following schedule (check one):

- One-Time Annually Semi-Annually

My / Our payment (check one):

- Is enclosed in the amount of \$ _____.
- Will be made by _____, 20____.

My / Our intention is that this gift be:

- Unrestricted (100%)** to WHO WILL CARE?
- Restricted (50%)** to one (1) Maryland School of Nursing through WHO WILL CARE?
*The remainder will be **Unrestricted (50%)**.*

Designated School of Nursing: _____

Payment Method:

- Check** payable to: **MHEI / Who Will Care?** (Mail to address at bottom of form)
- Credit Card** (Visa MasterCard)

Card No.: _____ Exp. Date: _____ Sec. Code: _____

- I / We give permission for THE WHO WILL CARE? CAMPAIGN to publish this gift in the appropriate donor recognition category of campaign support.
- This is an anonymous gift.

Please Print Name(s) as you wish to be listed:

Organization/Name: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

E-mail: _____

Signature(s): _____ Date: _____