 **Stephen R. Anderson Endowment
Pledge Form**

Your donation supports the most effective treatment for autism for current and future generations. You can also donate online at [www.TheSummitCenter.org/AndersonEndowment](http://www.TheSummitCenter.org/AndersonEndowment).

|  |  |
| --- | --- |
| Name(s) |   |
| Address |   |
| City |   | State |   | Zip |   |
| Phone |   | Email |   |

**Gift Information**

Total Gift Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We will pay for this gift as follows:\_\_\_\_\_ One-time payment \_\_\_\_\_ Multiple payments

**Payment Schedule**

|  |  |  |
| --- | --- | --- |
| Year 1 | Year 2 | Year 3 |
| $ | $ | $ |

**Payment Method**

|  |  |  |
| --- | --- | --- |
|  | Check | *(make payable to The Summit Center)* |
|  | Credit card |  | Visa |  | Mastercard |  | AMEX |
| Card number |  |
| Expiration date |  | Security code |  |
|  | Stock |
|  | Other |  |

**Public Recognition**

\_\_\_\_\_\_ Please recognize me/us as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ This gift is in honor/memory of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I/We wish to remain anonymous.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |   | Date |   |