



**Nursing Simulation Center Campaign
PLEDGE FORM**

_____ would like to pledge a gift of _____ in support the Nursing Simulation Center Campaign.

Name(s):

Address:

City, State/Province, Zip/PC:

Office Phone:

Cell Phone:

E-mail:

Signature: _____ Date: _____

Payment Method:

Check Enclosed \$ _____ (make payable to *Lake Superior State University*)

Credit Card: Amount: \$ _____ MasterCard Visa Discover AMEX

Card #: --- Exp Date (mm/yy): /

Please establish my pledge of \$ _____ to be paid in annual installments of:

Years 2023 – : /annually /Monthly

To begin _____ and conclude _____
(mm/dd/yy) (mm/dd/yy)

Please send a reminder: monthly quarterly annually not necessary

Please check all that apply:

- LSSU Foundation has permission to publish news about this gift to inspire others to give.
- I/We would prefer this gift to be anonymous.
- Please send me information on how to make my gift by Electronic Transfer of Funds (EFT).
- Credit this gift to: me only _____ and me.
- Please list my/our name(s) as follows: _____

Please mail this form or email this form to Andrew Rubinstein, Annual Fund and Athletic Development Director at arubinstein@LSSU.edu or the mailing address below.