



Gift Agreement

Please review and complete this two (2) page document

The purpose of this agreement is to summarize the understanding of _____ (“Donor”) and the Tahoe Forest Health System Foundation (“Foundation”) regarding the gift described below and to document their binding agreement as follows: I/We wish to make a gift of a total of \$_____ to support the Community for Cancer Care Endowment.

Please select one. I wish for my gift to support:

- General Campaign for Cancer Care Endowment**
Programs to be determined over time that support cancer services within Tahoe Forest Cancer Center.
- Patient and Family Cancer Care Program Endowment**
A whole person approach to cancer care that addresses the social, psychological, emotional and functional aspects of a patient and caregiver’s experience.
- Sustainability Fund Endowment**
Supports oncology services to attract and retain cancer care clinicians and oncology equipment to sustain Tahoe Forest Cancer Center.
- Donor Designations:**
For additional and immediate funding needs. Donors will be invited to review the opportunities with the Tahoe Forest Health System Foundation Fund Development Officer at msimon@tfhd.com

Method of contribution

Please select the method(s) of your contribution and amount per selection

- | | | | |
|--------------------------|--|---------|------------|
| <input type="checkbox"/> | Cash/Check | Amount: | \$ _____ |
| <input type="checkbox"/> | Pledge (<i>pledge payment policies and schedule on pg 2</i>) | Amount: | \$ _____ |
| <input type="checkbox"/> | Credit Card | Amount: | \$ _____ |
| <input type="checkbox"/> | Donor Advised Fund | Amount: | \$ _____ * |
| | <i>*Requires documentation from Community Foundation</i> | | |
| <input type="checkbox"/> | Other _____ | Amount: | \$ _____ |

Pledge Payment Schedule & Policies

- Gifts of \$2,500 must be paid within 3 years.

Pledge Terms - I would like to make my pledge in payments as follows:

\$ _____ In One Payment This Year _____ (year)

\$ _____ In Payments Over 2 Years beginning _____ and ending _____ (year)

\$ _____ In Payments Over 3 Years beginning _____ and ending _____ (year)

\$ _____ In Payments Over 4 Years beginning _____ and ending _____ (year)

\$ _____ In Payments Over 5 Years beginning _____ and ending _____ (year)

Other payment plan (please specify payment schedule): _____

Donor Contact & Payment Information

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Select payment Option

Cash/Check Attached

Credit Card Visa MasterCard American Express

Credit Card # _____

Expiration Date: _____ Signature: _____

Listings of Donor Name: We would like to list your name as a Donor to the Community for Cancer Care Endowment in our future promotional/acknowledgement materials.

Please initial here only if you **DO NOT** wish to have your name listed on public documents: _____

Confidentiality

It is expressly understood and agreed that the terms and conditions of this agreement including the discussions and negotiations preceding it, shall remain entirely confidential. Neither party shall disclose any of the terms or conditions contained herein, except as may be necessary for tax or other legal purposes. By signing below, I/we acknowledge receipt of, and agree to, the terms and conditions of the Campaign for Cancer Care Endowment.

Donor Signature: _____ Date: _____

Tahoe Forest Health System Foundation: _____ Date: _____

This agreement is executed in and shall be governed by the laws of the State of California. In addition, any action brought to interpret or enforce the provisions of this Agreement shall be commenced, prosecuted, and defended entirely and exclusively in the Nevada County Superior Court. Each party hereby consents to the jurisdiction of said court.

This document contains the entire agreement between Donor and Tahoe Forest Health System Foundation unless planned gift agreements are referenced otherwise herein. No other agreement, statement, or promise, whether oral or written, made on or before the effective date of this Agreement shall be binding on either Donor or Tahoe Forest Health System Foundation. If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire Agreement shall be severable and remain in effect. The parties may modify this Agreement only in writing signed by both parties and neither party may assign this Agreement.



Tahoe Forest Health System Foundation

10976 Donner Pass Road • P.O. Box 2508 • Truckee, CA 96160-2508 530/582-6277 • FAX 530/550-5288 • www.tfhd.com

www.endowment4cancercare.com