

SPRING POINT PROJECT PLEDGE FORM

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone _____

E-Mail: _____

I/We support the mission of Spring Point Project to cure diabetes and to expedite the widespread availability of islet tissue for diabetes care by developing premier source pigs for islet xenotransplantation,

I/We pledge the sum of \$_____. Our pledge will be payable
Annually____ Semi-annually____ Quarterly____ Monthly____
in installments of \$ _____ over the next _____ years beginning on
__/__/__.

I have enclosed a down payment of \$ _____.

Please send me/us reminders of payments due: Yes____ No____

Please indicate gift details if your gift is to be in a form other than a check:

Please indicate how you would like to be recognized for your gift or if you would prefer to remain anonymous:

Please indicate if you would allow your name(s) and/or gift to be used in future campaign materials to secure gifts from others: Yes____ No____

Signature

Date

