



PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2020 Pledge Form

My/our gift commitment will be fulfilled in the following manner:

Pledge of \$ 50,000 to be paid over 5 years as follows:
(all pledges are to be paid fully within five years)

2020 \$ 10,000.00 2021 \$ 10,000.00

2022 \$ 10,000.00 2023 \$ 10,000.00 2024 \$ 10,000.00

I will be donating this: monthly quarterly semi-annually annually Other _____

Reminder letter requested: yes no if yes, when should we contact you? _____ Month Before _____

For gift recognition purposes, please enter my/our name as indicated below:

Phillip Westbrooks

-OR-

I/we wish to remain anonymous, please do not include my/our name in any listing of donors.

My/Our generous gift is designated to support the following program at Phoenix Children's Hospital:

The Hope Fund

Other _____

Signature:  Date: 7/9/2020

Print Name(s) Phillip Westbrooks

Organization (if applicable): Spectrum Solutions Inc.

Full Address: 3104 E Camelback Rd #1144 Phoenix, AZ 85016

Phone Number: 480-206-3999 Email: phillwestpa@gmail.com

Please mail, email or fax this completed form to:

Phoenix Children's Hospital Foundation
Foundation@PhoenixChildrens.org Fax (602) 933 2644