



## Partners In Progress Letter of Commitment

As an expression of my commitment to the **Partners In Progress Program**, I hereby pledge a total gift of \$ \_\_\_\_\_ to Case Western Reserve University School of Dental Medicine.

*I understand that this pledge commitment is separate from any annual fund or other commitments made by me to the School of Dental Medicine.*

- |                          |                          |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Partners In Progress I   | \$1,000 a year for three years |
| <input type="checkbox"/> | Partners In Progress II  | \$2,000 a year for three years |
| <input type="checkbox"/> | Partners In Progress III | \$3,000 a year for three years |
| <input type="checkbox"/> | Partners In Progress V   | \$5,000 a year for three years |

**Enclosed is my initial payment of \$ \_\_\_\_\_.**  
 Remaining payments will be made:  Annually  Quarterly  Monthly, beginning (payment date) month \_\_\_\_\_ year \_\_\_\_\_ over a three year period.  
 Please send me reminders per the schedule indicated above.

**EZ Giving Option: (Electronic Funds Transfer for credit cards or checking accounts)**  
 I hereby authorize my CWRU to initiate debit entries to my account on the 1<sup>st</sup> / 15<sup>th</sup> (circle one) day of each month, beginning the month of \_\_\_\_\_ with payments of \$ \_\_\_\_\_ (\$10 minimum) and ending when CWRU is notified of its termination from me. Please use the voided check or credit card information listed below (circle one).

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Home Address City/State/Zip

\_\_\_\_\_  
 Home Phone Number Email Address

Discover  American Express  Master Card  Visa

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature for Charge: \_\_\_\_\_

Return this to: Case Western Reserve University School of Dental Medicine, Office of Development and Alumni Relations  
 10900 Euclid Avenue Cleveland, OH 44106-4905 or by fax (216) 368-3204.  
 Questions? Call the Development and Alumni Relations Office toll-free at (877) 468-1436.