

# Cognitive Fitness and Innovative Therapies

Tom Harriman, Chairman:

To help the Cognitive Fitness and Innovative Therapies (CFIT) diagnose, treat, and study the effects of cognitive decline, and in consideration of the gifts of others toward this campaign, I/we hereby agree to give CFIT the sum of \$\_\_\_\_\_ or the following assets:

\_\_\_\_\_.

## This gift is :

- To be used where the need is greatest among campaign priorities.
- To be designated for the following purpose: \_\_\_\_\_.

## My/our gift will be paid in the following manner:

- \$\_\_\_\_\_ herewith.
- The balance to be paid in: *equal annual biannual quarterly* installments  
beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.
- Other \_\_\_\_\_.

In the event of my/our death before completion of this pledge, I/we direct that this commitment shall be honored in the settlement of my/our estate.

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|                   |                         |
|-------------------|-------------------------|
| <i>Signature</i>  | <i>Date</i>             |
| _____             | _____                   |
| <i>Signature</i>  | <i>Date</i>             |
| _____             | _____                   |
| <i>Print name</i> | <i>Print Name</i>       |
| _____             | _____                   |
| <i>Telephone</i>  | <i>Email</i>            |
| _____             | _____                   |
| <i>Address</i>    | <i>City, State, Zip</i> |
| _____             | _____                   |

In gratitude of your commitment we may include your name in CFIT publications and/or donor honor rolls, unless you request otherwise.

*All gifts to CFIT are tax-deductible as provided by law 501(c)3.*

Please make checks payable to CFIT, P.O . Box 2067, Santa Barbara, CA 93120