Neurosurgery Research & Education Foundation

PLEDGE AGREEMENT

This Pledge Agreement ("Agreement") is entered into as of _____, 2027 by and between the Neurosurgery Research & Education Foundation (NREF), a nonprofit organization dedicated to advancing neurosurgical research, education, and _____ ("Donor").

Pledge Commitment

The Donor hereby pledges a total charitable contribution totaling approximately $_____ over _____ years to support the mission and programs of the Neurosurgery Research & Education Foundation.

Pledge Schedule

The Donor intends to fulfill this pledge according to the following schedule:

Payment Amount	Due Date
$	
$	
$	
$	
$	

☐ One-time gift
☐ Multi-year pledge

The Donor may prepay this pledge, in whole or in part, at any time.

Designation of Funds

This pledge is restricted to support _____. NREF agrees to use all funds in accordance with the stated purpose. In the event the fund purpose becomes impracticable or impossible to fulfill, NREF may redirect funds in a manner consistent with its mission and the original donor intent.

Recognition and Stewardship

Unless otherwise requested, NREF may acknowledge the Donor's generosity through appropriate recognition opportunities, including donor honor rolls, giving societies (including the Cushing Circle, when applicable) and print or digital publications. NREF is committed to thoughtful stewardship and ongoing updates regarding the impact of the fund.

☐ The Donor wishes to remain anonymous
☐ Recognition name (if different): _____

Tax Acknowledgment and Compliance

NREF is a qualified charitable organization under Section 501(c)(3) of the Internal Revenue Code. All payments made toward this pledge are tax-deductible to the extent permitted by law. No goods or services were provided in exchange for this pledge unless otherwise noted in writing.

Payment Methods and Assets



Payments may be made via:

☐ Check
☐ Credit Card
☐ Wire / ACH
☐ Stock or Securities
☐ Donor-Advised Fund (DAF)
☐ Other: _____

Contact Information and Stewardship Contact

Donor Information
Name(s): _____
Address: _____
Email: _____
Phone: _____

NREF Contact
Name: _____
Title: _____
Email: _____
Phone: _____

NREF
NEUROSURGERY RESEARCH & EDUCATION FOUNDATION

Signatures

By signing below, the parties acknowledge and affirm this pledge agreement.

Donor Signature
Signature: _____
Printed Name: _____
Date: _____

NREF Authorized Signature
Signature: _____
Printed Name: _____
Title: _____
Date: _____

