

Letter of Intent

Children's Health Campaign

To assist The Memorial Foundation with the support of the Children's Health campaign, it is my/our intent to pledge my/our support. I/We understand that my/our gift will enable The Memorial Foundation to increase vital services for children's health care by upgrading the Family Birthplace and expanding Children's Village.

I/We _____ pledge to contribute \$ _____
Donor's name(s)

with an initial payment of \$ _____ enclosed to be mailed on _____.

This pledge, or the balance thereof, will be paid as follows (payable in up to _____ annual installments).

The first payment will be made on _____. Please invoice me for further payments:

- Monthly, at \$ _____ per month Quarterly, at \$ _____ per quarter
 Semi-Annually _____ and _____ Annually, start _____

Use my Credit Card Visa MasterCard AMEX Discover Other _____

Card Number _____

Expiration Date ____ / ____ / Security Code _____ Billing Zip Code _____

Donor Signature _____ Date _____

Donor/Business Name _____

Contact Name _____

Address _____ State _____ Zip Code _____

Phone _____ Email _____

Notes _____

Recognition of My Gift. Exact spelling of name to be used in publication of donor lists:

- The Memorial Foundation may include the amount of my/our gift to encourage the generosity of others
 Anonymous—I/we do not wish to have public recognition of my/our gift

Please make checks payable to The Memorial Foundation

By mutual consent of The Memorial Foundation and the Donor, any provision of this Agreement may be amended, modified, or deleted. Any such changes, deletions, or additions shall be recorded in written, signed addenda, which shall form part of this Agreement.



The
Memorial
Foundation