

**Donor Intention Form**

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City |  |
| State, Zip Code |  |
| Telephone (home) |  |
| Telephone (business) |  |
| E-Mail |  |

### I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Gift will be matched by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company/family/foundation).
Total pledge including match: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
(Please check one :) Matching gift form enclosed Matching gift form will be forwarded

### Amount enclosed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please bill me beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

### thereafter (please circle one): Monthly Quarterly Yearly

I (we) wish to have this donation spread over \_\_\_\_\_\_\_\_\_ years. **(Please specify 1 to 5 years.)**

I (we) plan to make this contribution in the form of (please circle one):

Cash Check Credit Card Stock Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |
| --- | --- |
| Credit Card Number: |  |
| Credit Card Security Code (on back): |  |
| Expiration Date: |  |
| Authorized Signature: |  |

### Acknowledgement: Please use the following name(s) in all acknowledgements:

|  |
| --- |
|  |

### Naming: This gift represents a naming opportunity for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of area)

 I (we) wish our gift to be anonymous.

|  |
| --- |
| Signature(s) Date |

*Please make checks, corporate matches, or other gifts payable to:***SFMP Capital Campaign,** 78 Wilbur Avenue, Cranston, RI 02920
**THANK YOU!**