



LETTER OF INTENT

To assist Yakima Valley Memorial Hospital Charitable Foundation (The Memorial Foundation) with the support of the expansion of Children's Village and its programs, it is my/our intent to contribute to the Capital Campaign.

I/We understand that my/our gift will be used to support building and program expansion at Children's Village. This gift will enable The Memorial Foundation to increase vital services for children and families in Central Washington.

In consideration of the gifts of others, I/we _____
Print Name

Pledge to contribute \$_____ with an initial payment of \$_____ (enclosed).

This pledge or the balance thereof will be paid as follows (payable up to five annual installments)

The first payment will be made on ___/___/____. Please invoice me for further payments:

- Monthly, at \$_____ per month.
Semi-Annually (_____ and _____)
Annually (start ___/___/____)
Payment in full (check attached)

Use my: VISA MasterCard Discover Diners Club American Express

Account #: _____ Exp. Date: ___/___/____

Donor's Signature: _____ Date: _____

Other payment arrangements: _____

Donor/Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please make checks payable to The Memorial Foundation. All gifts are deductible for federal income tax purposes to the extent of the law.

Recognition of Your Gift

I /we would like to be recognized for my/our gift as follows:

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.