Thomas COLLEGE Advancement

# Letter of Intent

**Name:** _____

**Address:** _____

I/we intend to contribute a total of **[**_____**]** to Thomas College.

I/we wish to fulfill this commitment over time. Please send reminders *(circle all that apply)*:

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

## Designation

| Pledge Date | [Enter Fund Description Here] | Total |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| **Total** | | |

Recognition of this gift will be determined by joint agreement later, guided by the donor recognition policies approved by the Thomas College Board of Trustees. For purposes of the campaign and other publications, please recognize the gift as being from:

_____

*(Please provide the name(s) as to how you would like your gift to be recognized.)*

**Signature:** _____ **Date:** _____

*[Enter Name Here], [Enter Title Here]*

**Signature:** _____ **Date:** _____

*[Enter Name Here], [Enter Title Here] (Used for Spouse)*

*Contributions are tax deductible as provided by law. Payments received by December 31 are eligible for a tax deduction that year. Questions may be directed to the Advancement Office at advancement@thomas.edu or 207-859-1118.*