



Donor Letter of Intent

In support of the campaign, to benefit the Conway Regional Health Foundation,
I (we) intend to pledge \$ _____ over _____ years.
(Gifts may be pledged over a 3-to-5 year period)

Please accept my initial gift of \$ _____, with the remainder to be paid as follows:
Number of Payments _____

Paid: Annually Quarterly Monthly

I (we) would like a representative from Conway Regional Health Foundation to call me about a naming opportunity.

I intend to assist Conway Regional Health Foundation in securing matching funds from my employer.

For purposes of donor recognition:

I (we) desire that our pledge be treated as an anonymous commitment; or

Please list my (our) name as specified below in all appropriate donor recognition:

Name: _____

(Please print above exactly as you would like your gift to be recognized. For example: John H. & Mary K. Jones, The Family of John Jones, In memory of Ms. Mary Johnson, John & Judy Galbraith, In honor of Jacob P. Keating)

Name (Print): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone _____

Email Address: _____ Fax: _____

Donor Signature: _____ Date: _____

Conway Regional Health Foundation | Attn: Summer Hoggard, Campaign Coordinator
2302 College Ave | Conway, AR 72034 | 501-513-5191 | Summer.Hoggard@conwayregional.org

Please make checks payable to:

Conway Regional Health Foundation *(Please note campaign in the memo section)*

Conway Regional Health Foundation is a fully tax-exempt public charity under sections 501 c3 of the Internal Revenue Code. Gifts to the Foundation are tax deductible to the extent allowed by law.