

Wendell Foster's Capital Campaign

Donor Intent Form

Donor's Personal information	
Name of donor 1:	
Legal name if different:	
Name that should be used in print recognition:	
Donor date of birth (MM/DD/YY):	
If the donor prefers not to provide a birth date, enter approximate age	
Name of spouse:	
Name(s) of children/grandchildren:	
Name of donor 2:	
Legal name if different:	
Donor date of birth (MM/DD/YY):	
If the donor prefers not to provide a birth date, enter approximate age	
Permanent address Street:	
City, State, Zip Code	
Home phone (10 digit #):	
Business phone (10 digit #):	
Mobile phone (10 digit #):	
Donor's Affiliation. Check all that apply:	
Board member <input type="checkbox"/>	
Board officer <input type="checkbox"/>	
Employee <input type="checkbox"/>	
Current Donor <input type="checkbox"/>	
Volunteer <input type="checkbox"/>	
Multi-generational user, donor or family/friends served by the organization	
Other (please describe)	

Attorney and/or Financial Advisor:	
Name:	
Company:	
Phone (10 digit #):	
Name:	
Company:	
Phone (10 digit #):	
Type of Gift:	
Describe type and amount of gift:	

Recognition (check all that apply):

Donor wishes to remain anonymous.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor agrees to be recognized for a gift of this type such as advertisements, print materials, and news releases.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor wishes to be listed as a legacy society member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Donor's wishes to receive ongoing communications with us such as all regular mailings, invitations to events, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For donor: Tell us what you would like future generations to know about you and why you have chosen to give this gift. Please provide more details about your relationship to our organization so we can inform future generations about you and why our organization is important to you.	

Restrictions on gift (check all that apply):	
There are no restrictions on this gift, it is for general purposes or to be determined by the organization when gift matures.	
Gift to a designated fund or specific program.	Describe:
Memorial or "in Honor of" designation:	
Anonymous gift.	
Other (please describe):	

How did the Donor hear about the organization? (check all that apply):	
Organization's published materials: newsletter, brochure, etc.	<input type="checkbox"/>
Web site:	<input type="checkbox"/>
From personal meeting with organization.	<input type="checkbox"/>
Speaker at a financial planning seminar.	<input type="checkbox"/>
Another donor.	<input type="checkbox"/>
General knowledge/already knew/ my own idea.	<input type="checkbox"/>
Event.	<input type="checkbox"/>
Friend or family.	<input type="checkbox"/>
Legal or financial advisor.	<input type="checkbox"/>

Donor's signature

Date

Organization Representative signature

Date

Please fax completed form to:

Email to:

This form will become part of the permanent, confidential donor record, to ensure that we are able to honor our donors' wishes and recognize their contributions to our organization for generations to come. It will also be returned to our organization when the gift is finalized. Additional copies are available on the web site under resources, or by contacting: