Benefactor Level
Statement of Intent

I/We accept your invitation to become a member of the Benefactor Level. I hereby signify my intention, without in any way legally binding myself or my estate, to contribute as follows:

A total commitment of:

❑ $50,000 ❑ Other $ _____

This commitment is to be met as follows:

_____

_____

(Please describe payment plans.)

Please make checks payable to Licking Memorial Health Foundation. Credit/debit card gifts are accepted online at LMHealth.org or by phone. Please call (220) 564-4102. Gifts are tax-deductible to the extent allowed by law.

Signature of donor _____

Date _____

Signature of spouse _____

Date _____

Please print how you wish your name(s) to appear on our membership list and Donor Wall. Information other than your name will not be published.

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

❑ I prefer to remain anonymous.

Licking Memorial Health Foundation

LMHealth.org

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