Founder Level
Statement of Intent

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

A total commitment of:

❑ $100,000 ❑ 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 Information other than your name will not be published.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_____

Email_____

❑ I prefer to remain anonymous.



Licking Memorial
Health Foundation

LMHealth.org

1955-5024
03/20/2025