



**Morton Community Foundation
Annual Support Partner
Gift Intention Statement**

_____ (the "Donor") hereby sets forth his / her / their intention to give the following to Morton Community Foundation (MCF):

<u>Year</u>	<u>Annual Amount In Numerals</u>	<u>Annual Amount in Words</u>
20__	\$ _____	_____
20__	\$ _____	_____
20__	\$ _____	_____
20__	\$ _____	_____
20__	\$ _____	_____

I'd like to give for an unspecified time. I'll let you know when/if I want to stop the following: \$ _____

It is the Donor's intention that the gifts will be payable:

- ___ Monthly on the ___ day of each month
- ___ Quarterly on the ___ day of the first month of each quarter
- ___ Annually on the ___ day of _____ (indicate month)

The gifted funds shall be used by MCF for the stated purpose of the Today and Tomorrow (Operating) Fund. This statement may be altered or revoked by the Donor at any time in writing. The Donor intends for this Statement to operate as a good faith declaration of his / her / their hopes and intentions and does not intend hereby to create a pledge or other obligation of any nature whatsoever that is binding and enforceable against the Donor and his / her / their heirs, personal representatives, assigns and estate.

Acknowledgements:

Witness my hand and seal this ___ day of _____, 20__

Name(s) of Donor(s): _____

Signature(s) of Donor(s): _____

Mailing Address: _____

E-mail Address: _____

How would you like this gift to be acknowledged?

___ Name (s): _____

___ Anonymous

The Morton Community Foundation hereby acknowledges receipt of the foregoing installment Gift Intention Statement and agrees that said Statement shall not be construed as creating an enforceable pledge or other obligation against the Donor and his / her / their heirs, personal representatives, assigns and estate, as of the date last written above.

Morton Community Foundation

By: _____

Its Board President

Payments will be made as follows:

___ Direct Debit – I / We hereby authorize MCF to initiate debit entries to my / our Checking account indicated below and the bank / depository named below, to debit the same to such account. This authority is to remain in full force and effect until MCF and the bank / depository have received written notification from me / us of its termination in such time and in such manner as to afford CF and the bank / depository a reasonable opportunity to act on it.

Accountholder name: _____
Bank / Depository name: _____
Bank Branch: _____
Bank City / State / Zip: _____
Routing Number: _____
Account Number: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

___ Credit Card

Type: VISA Mastercard American Express

Card Number: _____

Expiration Date: ____ / ____

Security Code (3-digit code found on the back of the card): _____

Your recurring credit card donation is securely processed by our nonprofit partner, Network for Good, with a 3% transaction fee to cover credit card fees, bank fees, and other processing costs. Please consider chipping in an additional 3% so 100% of your donation amount goes to us. Select an option below:

Donate 100% - Add 3% so that 100% of the donation goes to MORTON COMMUNITY FOUNDATION

Donate 97% - I understand Network for Good will deduct 3% to cover transaction costs.

___ Distribution from the Donor's MCF Donor Advised Fund

Name of Fund: _____

___ Check / Cash / Marketable Securities Send reminder monthly/quarterly/annually

Date: _____

Donor Signature: _____

Donor Signature: _____