



# Community Mission FOUNDATION

## DONATION FORM *and* LETTER OF INTENT

Yes! I/We choose to partner with the T.J. Community Mission Foundation in its life-changing work to improve the health of the residents of southcentral Kentucky.

Donor's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do NOT list my name in any print or online donor recognition publications.

My donation commitment will be paid: *(please check appropriate line)*

**One-Time Donation:** \$\_\_\_\_\_

**Annual Pledge:** I wish to make an annual donation of \$\_\_\_\_\_ each year for \_\_\_\_\_ years, beginning \_\_\_\_\_, 20\_\_ for a total donation amount of \$\_\_\_\_\_.

**Monthly Pledge:** I wish to make a monthly donation of \$\_\_\_\_\_ beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_ for a total donation of \$\_\_\_\_\_

### Donation Designation Status:

The above mentioned donation should be used for the following purpose(s):

- Where needed most
- Shanti Niketan Hospice Home
- Community Medical Care

Specific requests: \_\_\_\_\_

For multi-year commitments, please remind me of my donation commitment each year during the month of \_\_\_\_\_.

\_\_\_\_\_  
*Signature(s)*

\_\_\_\_\_  
*Date*