

## Confidential

## **Letter of Gift Intent**

through the Bayhealt	we nereby indicate my h Foundation (BHF) in unit(s), or other design	the amoun		•		` ,
Bayhealth Medical Center Beneficiary Designation				Pledge Amount		
					\$	
					\$	
					\$	
					\$	
Gift Information						
☐ Total payment of \$		will be made on		(date).	_ (date).	
☐ Initial payment of \$		_ will be made on		(date) with t	the remaining payme	ents to be made in
accordance with the fo	ollowing schedule (pledges m	nay be over a	maximum perio	d of five years)	:	
Amount	Date		Amount		Date	
☐ Please send a nledge	reminder for the above paye	——————————————————————————————————————				
☐ Please send a pledge reminder for the above payments.  Gift Information			Recognit	tion		
☐ Enclosed is a check made payable to Bayhealth Foundation			For purposes of advancing the Medical Center's mission, Medical			
☐ Charge my gift to the credit card listed below.			Center and/or the Foundation:			
☐ The gift will be made via electronic or wire transfer of funds			☐ May publicize this gift			
Credit Card Information			☐ May publicize my name but not the gift amount			
☐ Visa ☐ Discover			☐ May publicize my/our gift but I/we wish to remain anonymous			
☐ MasterCard	☐ American Expre	ess	☐ Must contact me/us before any publicity involving this gift			
			Personal	Informat	ion	
Card number Exp. Dat		Date	Name(s)			
Name on Card Card Se		curity Code	Address			
Signature Bayhealth Foundation will appea	Date r on your credit card statement		City		State	Zip
Agreed to and signed by:			Phone		Email	
Signature	Date		Signature		Date	