



Confidential

# Letter of Gift Intent

By this document, I/we hereby indicate my/our intent to make a gift to Bayhealth Medical Center (BHMC) through the Bayhealth Foundation (BHF) in the amount of \$\_\_\_\_\_. This gift will benefit the following program(s), unit(s), or other designee(s):

### Bayhealth Medical Center Beneficiary Designation

### Pledge Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

### Gift Information

- Total payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_ (date).
- Initial payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_ (date) with the remaining payments to be made in accordance with the following schedule (pledges may be over a maximum period of five years):

Amount	Date	Amount	Date
_____	_____	_____	_____
_____	_____	_____	_____

- Please send a pledge reminder for the above payments.

### Gift Information

- Enclosed is a check made payable to Bayhealth Foundation
- Charge my gift to the credit card listed below.
- The gift will be made via electronic or wire transfer of funds

### Credit Card Information

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Visa       | <input type="checkbox"/> Discover         |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bayhealth Foundation will appear on your credit card statement

Agreed to and signed by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Recognition

For purposes of advancing the Medical Center's mission, Medical Center and/or the Foundation:

- May publicize this gift
- May publicize my name but not the gift amount
- May publicize my/our gift but I/we wish to remain anonymous
- Must contact me/us before any publicity involving this gift

### Personal Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All funds will be deposited with the Bayhealth Foundation, a nonprofit organization that exists to support Bayhealth Medical Center (BHMC). Your gift may be considered a charitable contribution. Please consult your tax advisor regarding the deductibility of charitable contributions.