## GADSDEN STATE EMPLOYEE LETTER OF INTENT Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_ Home address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_ COMMITMENT — I hereby pledge a total of \$\_\_\_\_\_ to Cardinals Who Give in support of the Cardinal Foundation and its Rethinking Innovation Together campaign. I want my gift to be used for: **AREA OF GREATEST NEED** ENHANCING THE REGIONAL WORKFORCE PROMOTING STUDENT ACCESS ADVANCING STUDENT SUCCESS & ACHIEVEMENT I pledge a one-time gift in support of the Cardinal Foundation for \$\_\_\_\_\_ I pledge \$\_\_\_\_\_ per month for \_\_\_\_ months for a total gift of \$ \_\_\_\_\_ PAYROLL DEDUCTION I authorize a one-time payroll deduction of \$ \_\_\_\_\_ I authorize a payroll deduction of \$ \_\_\_\_\_ each month beginning \_\_\_\_\_ and ending NON-PAYROLL DEDUCTION — I have enclosed cash / check in the amount of \$ \_\_\_\_\_ (Please make checks payable to the Gadsden State Cardinal Foundation) Please charge my pledge to my credit card as specified by these arrangements: I authorize a one-time charge to my credit card on \_\_\_\_\_\_ for the total amount of the pledge. I authorize a charge of \$ \_\_\_\_\_ to my credit card each month beginning \_\_\_\_ and ending \_\_\_\_\_. American Express ( ) MasterCard ( ) VISA Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ PLANNED OR DEFERRED GIFTS —— Please indicate if you are interested in more information about how you can gift to the Cardinal Foundation through any of the following: Gifts of Securities Retirement Plans Personal Property Charitable Gift Annuity Bequests Charitable Remainder Trust Life Insurance Charitable Lead Trust

I wish to have my gift remain anonymous. Please do not list my name in campaign recognition materials.

Signature

Please print name(s) to be used in all acknowledgments \_\_\_\_\_