



Center of Hope:2017
\$1 Million Challenge
Letter of Intent

[] YES! I/we want to participate in the current challenge and help advance an end to cancer. I/we understand this gift/pledge must be made by May 20, 2014 in order to qualify for the \$1 Million challenge.

Name(s): _____ Email: _____

Address: _____

City, State Zip _____

Day Phone: _____ Eve Phone: _____ Cell Phone: _____

I/we hereby gift to Center of Hope:2017 through the Providence St. Vincent Medical Foundation the sum of:
\$ _____

My/our gift should be designated as follows: _____
(Please include specific area of interest within the Center of Hope:2017 giving initiative)

Preferred payment schedule:

[] This pledge will be satisfied with a one-time payment on _____
(Month and year)

[] I would like to fulfill my commitment over _____ years in equal installments beginning: _____
(Month and year)

and continuing: [] Annually [] Bi-Annually [] Quarterly [] Monthly (Note: pledges must be paid in full by Dec. 31, 2016)

[] Please accept my initial payment as follows:

[] Check in the amount of: _____

[] Stock Gift

[] Credit Card: Please charge my [] Visa [] MasterCard [] American Express

Credit Card Number: _____ Expiration date: _____

Name as it appears on Credit Card: _____

[] I am considering fulfilling my commitment from (check all that apply):

[] Cash [] Stock [] Real Estate [] Donor Advised Fund [] Private Foundation [] Other _____

Gift acknowledgement:

How would you like your name(s) to be recognized for your gift: _____
(On donor walls, in publications, etc.)

[] My/our gift is made In Memory of / In Honor of: _____

[] This gift is anonymous for publication purposes.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____
(Two signatures for a joint gift/pledge)

Please remit to: Providence St. Vincent Medical Foundation, 9205 SW Barnes Rd, Suite 2111, Portland, OR 97225

For more information, call: Shari Lynn Scales, CFRE at 503-215-6220

Thank you!