



Donor Intent Form

I (We) intend to pledge \$ _____ to the **CrescentCare Campaign for a Healthier New Orleans.**

Naming rights for _____

Accepted forms of payment are cash, check or appreciated securities.

Check payment: All checks should be made payable to **CrescentCare**

Credit card payment: **Amex, Visa, Discover, Mastercard** (circle one)

Name on Card: _____

Card Number: _____ Expiration: _____ CCV: _____

Signature: _____

For Donor Recognition

- I (We) desire that my (our) donation remains anonymous
- Please list my (our) name(s) as specified below in all appropriate donor recognition

My (Our) donation is in memory of _____

Please print above exactly how you would like your gift to appear for public recognition.

Please Print

Name/Company _____

Company Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Payment Plan for Gift Giving

I (We) would like to make payments over a period of time not to exceed five years to fulfill my (our) pledge to the **Campaign for a Healthier New Orleans**.

Enclosed is \$ _____, with the remainder to be paid as follows:

Year 1 — The sum of \$ _____ on or about _____ (Date)

Year 2 — The sum of \$ _____ on or about _____ (Date)

Year 3 — The sum of \$ _____ on or about _____ (Date)

Year 4 — The sum of \$ _____ on or about _____ (Date)

Year 5 — The sum of \$ _____ on or about _____ (Date)

I (We) will pay in monthly installments of \$ _____ a month for _____ months (up to 60 months)

Please schedule my (our) monthly payments on the _____ day of the month.

If you have any questions, call Rodney Thoulion at 504-821-2601, ext 203 or email at Rodney.Thoulion@CrescentCare.org