

## **LETTER OF INTENT**

**THANK YOU** for your commitment to Maine Family Planning (MFP) and your support of the people, places, and programs that make MFP a critical resource for Maine. This Letter of Intent (LOI) ensures donor intent and provides documentation for MFP's records.

**PLEDGES** can be paid out over a period of up to five years with cash, gifts of stock, or payment via credit card on a monthly, quarterly, annual, or one-time basis. MFP's EIN Number is **01-0317679**. Please contact the Development Office for stock transfer information and/or wiring instructions.

**YOUR PLEDGE WILL BE MATCHED!** All gifts and pledges to support Mobilize Maine's Mobile Medical Unit will be matched 1:1 with a gift to the Legacy Fund. Outright gifts to the Legacy Fund will be matched 1:1 to the Legacy Fund. Estate plans will be matched should you choose to share the amount.

Full Name(s):
Primary Mailing Address:
Cell Phone:E-Mail:
GIFT INTENTION(S)  Please indicate your total intentions for one or more of the MFP's top philanthropic priorities:
Mobilize Maine: \$ One-Time Gift Paid over 5 years Other  MFP's new Mobile Medical Unit, reaching Mainers wherever they are.
Maine Legacy Fund: \$ One-Time Gift Paid over 5 years Other  Donors who wish to contribute to the Legacy Fund with estate plans are members of MFP's 1971 Society.  I/we have already made a provision in my/our estate plan to sustain MFP's mission in the future. For matching purposes, the estimated amount is \$  I/we would rather not reveal the amount at this time.  I/we plan to make a provision in my/our estate plan/IRA distribution/beneficiary. Please send me/us the paperwork.
Annual Fund: \$ One-Time Gift Paid over 5 years Other Note: The Annual Fund is outside of the capital campaign but is critical to providing care every single day. Your gift or pledge this year, or a long-term pledge, will support MFP's daily mission.

DONOR SIGN	ATURE(S)Date
	· 
	set up an asset transfer and will await information from the Development Office.
Zip Code:_	Expiration Date:// Security Code:
	on Card:
	Visa MasterCard American Express Discover
Check: Please r	nake a check payable to Maine Family Planning and send to the address below.
PAYMENT INFOI	
	ment will be on or about(date). Please send <b>pledge reminders</b> .
	on a monthly quarterly or annual basis.
My/our gift to the A	nnual Fund will be paid over (number) years (up to five years) in installments of
The <b>first</b> pledge pay	ment will be on or about(date). Please send <b>pledge reminders</b> .
\$0	on a monthly quarterly or annual basis.
Mv/our gift to the I	egacy Fund will be paid over (number) years (up to five years) in installments of
The <b>first</b> pledge pay	ment will be on or about(date). Please send <b>pledge reminders</b> .
	on a monthly quarterly or annual basis.
FOR PLEDGES	<b>Ize Maine</b> will be paid over (number) years (up to five years) in installments of
Tills gift is made in	nonor of or in memory or
This aift is mada in	honor of or in memory of
I/we w	ish to remain anonymous

## FOR MORE INFORMATION OR QUESTIONS, CONTACT:

For **recognition** purposes, please list my/our name as (please print):

giving@mainefamilyplanning.org | (207) 248- 3930 Maine Family Planning, P.O. Box 587, Augusta, ME 04332-0587 Attn: Development

Maine Family Planning is a 501(c)(3) organization.

Contributions are tax-deductible to the extent allowed by law.

Maine Family Planning understands that a donor's circumstance can change during the life of a pledge and MFP requests a confidential conversation and/or documentation in writing if a situation arises and a pledge cannot be fulfilled or if a payment is going to be delayed. In the unusual event that MFP does not expend all donated funds and the interest earned therein, MFP shall notify the donor. It shall be within the donor's sole discretion whether to direct MFP to retain or return such funds. Should the donor require the return of the unexpended funds and interest earned thereon, MFP shall return the funds in a timely fashion.