

## **Statement of Financial Intent**

Print Name(s)	E-mai	l Address
Home Address		
City	Stat	e Zip
		Cell
		Date
Director of Development Na	ime(s):	
☐ Any University prior☐ Other	of \$ to support: ity (unrestricted).	f the fiscal year (June 30).
For example, I will reduce Details:  Challenge (unlocks O	sed as a:  ollars/donors as they come in and <u>can</u> be rematch dollar-for-dollar up to \$50 for Eagle  ONLY if a certain threshold is reached and enge 50 people to make gifts, and then I wi	Cam.  cannot be restricted to a certain area).
Details:	en if the conditions of the challenge/match	<del>-</del> 
I/we intend to pay this partial With personal funds  ☐ Through a Donor Act ☐ Through a Family For ☐ Other:	dvised Fund (DAF)	
reason, matching funds of		mit to satisfying personal pledges. For this lge commitments. Matching gifts do qualify riate.
For gift recognition purp	poses, please indicate below who should re-	ceive credit for this pledge and payments:
☐ I/we wish to remain	•	
*******	*************Advancement Services Use C	)nly***************
Date Received:	Date Pledge Entered:	Designation:
Staff Name:	Staff Signature:	