CAPITAL CAMPAIGN INTENT TO GIVE

Name:		
(as it will appear in all publications)	☐I prefer to remain anonymous	
Mailing Address:		
City/State/Zip:		
Phone:	Email:	
Gift Information:		
I hereby certify my intent to make a gift in the amount of \$to Boys & Girls Clubs of Lanier according to the information listed below.		
Donor Signature		
Type of Gift:		
☐ Cash ☐ Stock or Other Appreciated Property ☐ In-Kind (Please State Nature of Gift): ☐ Planned Gift: (Please State Nature of G	ift):	
Payment Period Requested: ☐ 1 Year ☐ 2 Years ☐ 3 Years	Payment Schedule: ☐ Annual ☐ Semi-Annual ☐ Quarterly	
Naming Opportunity: ☐ YES ☐ NO	Area in building to be named:	
Match From Business: □Yes □No	Match Amount:	
Billing To Begin: Month: Year:	Total Gift Value: (gift plus company match)	
Payment Attached: □Yes □No	Amount Attached:	
Date//	Remaining Balance:	
Volunteer:	Volunteer Signature:	

GREAT FUTURES CAMPAIGN
Hall County

