



# ST. FRANCIS Episcopal School

## DONOR LETTER OF INTENT

In support of Forward in Faith Phase II Capital Campaign to benefit St. Francis Episcopal School of Houston,

I (we) hereby pledge \$\_\_\_\_\_. Unless specified in the space provided below, I desire my gift to be used for the overall purposes of the Forward in Faith, Phase Two Campaign as outlined in the proposal dated \_\_\_\_\_.

Paid herewith is \$\_\_\_\_\_, with the remainder to be paid (up to a three-year period) as follows:

Annually / Quarterly / Monthly basis *(please circle one)*

**Year One:** Number of payments: \_\_\_\_\_ To be paid in (month): \_\_\_\_\_

**Year Two:** Number of payments: \_\_\_\_\_ To be paid in (month): \_\_\_\_\_

**Year Three:** Number of payments: \_\_\_\_\_ To be paid in (month): \_\_\_\_\_

\_\_\_\_\_  
Specified restriction within the Forward in Faith Campaign

For purposes of donor recognition,

- I (we) desire that our pledge be treated as an anonymous commitment; or
- Please list my (our) name as specified below in all appropriate donor recognition:

Name: \_\_\_\_\_  
*(Please print above exactly as you would like your gift to be recognized. For example: John H. & Mary Jones, The Family of John Jones, In memory of Mary Jones, In honor of Jacob P. Jones)*

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

*St. Francis Episcopal School of Houston Tax ID: 74-2056108*

*Please contact us if you would like to make a gift via stock or credit card. Checks should be payable to:*

ST. FRANCIS EPISCOPAL SCHOOL OF HOUSTON  
335 Piney Point Road / Houston, TX 77024  
713.458.6178 / www.StFrancisHouston.org