



Leading the way for people with developmental disabilities

Letter of Intent to Donate  
*Gift Information*

Date : \_\_\_\_\_

Total Gift Amount: \$ \_\_\_\_\_

Number of years over which gift is to be paid (up to 5 years) : \_\_\_\_\_

Date of first payment : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount of each payment : \$ \_\_\_\_\_

I would like to be billed : (please circle one) MONTHLY QUARTERLY YEARLY

Donor remarks or intentions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Donor (s) Information*

Last Name (required): \_\_\_\_\_

First, middle initial (required) : \_\_\_\_\_

This pledge is in honor of (if applicable): \_\_\_\_\_

Please recognize donor(s) as: \_\_\_\_\_

Donor gives Magnolia Community Services permission to recognize this gift as described above in publicly available foundation material including but not limited to: annual report, donor wall, event material. If you do not wish to be recognized, please check anonymous option below:

The pledge is anonymous : \_\_\_\_\_

Mailing address for private correspondence and gift acknowledgment

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Donor or Donor's Representative                      Date                      Magnolia Community Services                      Date

Please return signed form to:  
Magnolia Community Services  
100 Central Avenue  
Jefferson, LA 70121  
Attn: Development

Or email scanned, signed form to:  
dwalker@mcs-nola.org  
Darsey Walker  
(504) 731-1397  
*Executed agreement will be returned to you by mail*