



STS. CYRIL & METHODIUS  
SHINER CATHOLIC SCHOOL

# Donor Letter of Intent

September 2016

In support of the campaign priorities for Shiner Catholic, I (we) intend to pledge \$\_\_\_\_\_ over \_\_\_\_\_ years in the form of\_\_\_\_\_. I (we) anticipate our gift will be  
*(Payment Method: cash, securities, etc.)*  
matched by \_\_\_\_\_ in the amount of \$\_\_\_\_\_.  
*(Matching Gift Company Name)*

Please accept my (our) initial gift of \$\_\_\_\_\_, made payable on \_\_\_\_\_ with the remainder to be paid as follows:  Annually  Quarterly  Monthly

This gift is **unrestricted** **OR**  This gift is **restricted to:** \_\_\_\_\_

### **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 K. Jones,*

### **Naming Opportunities:**

We would like to name the following space(s)\_\_\_\_\_  
*(please see naming opportunities list)*

### **Gifts in Honor/Memory:**

This gift is in *honor or memory* of: (print name)\_\_\_\_\_  
*(circle one above)*

### **Donor Name and Contact:**

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

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

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

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

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Please make payments to: Shiner Catholic School & Church, ATTN: Jennifer Benes P.O. Box 725 Shiner, Texas 77984**

*For more information, please contact Jennifer Benes at [jbenes@shinercatholicsschool.org](mailto:jbenes@shinercatholicsschool.org) or (361)594-3843.*

Shiner Catholic School and St. Cyril & Methodius Catholic Church are fully tax-exempt public charities under sections 501(c) (3) of the Internal Revenue Code. Gifts are tax deductible to the extent allowed by law.