

DONATION LETTER OF INTENT

Effective Date: _____



Re: A planned gift to Hospital Sisters Mission Outreach

This donation letter of intent, (the “Letter of Intent”), represents the donor’s intent per the details outlined below.

I. The Donor: _____ (the “Donor”).

II. The Donee: **Hospital Sisters Mission Outreach** (the “Donee”).

III. The Donation: The Donor wishes to make a one-time monetary donation to the Donee in the amount of \$ 500 \$1,000 \$2,000 \$_____ (other)

IV. Donation Designation: The above-described donation should be used for the following purpose(s): To help further the construction of the new recreation facility.

V. Alterations to Donation Designation: The Donee may need to alter the donation designation to ensure that current priorities are met. Should this be required, the Donee will respect the initial intent of this letter as closely as possible.

VI. Donation Recognition: The Donor agrees to be recognized for the donation under the following name(s): Sandra Barnes and Stewart Smith.

VII. Method of Payment: Check made payable to Hospital Sisters Mission Outreach.

VIII. Organization Type: The Donee is an organization that is classified as a 501(c)(3) non-profit organization by the standards of the Internal Revenue Service (IRS). Therefore, the donation may be tax-deductible to the extent allowed by law.

IX. Currency: All mentions of currency or the usage of the “\$” icon shall be known as referring to the US Dollar.

X. Governing Law: This Letter of Intent shall be governed under the laws of the State of Illinois.

XI. Acceptance: If you are agreeable to the aforementioned terms, please sign and return a duplicate copy of this Letter of Intent by no later than October 1, 2019.

DONOR

Donor’s Signature _____ Date _____

Print Name _____

DONEE

Authorized Signature _____ Date _____

Print Name _____