



LETTER OF INTENT TO DONATE
Gift information

Date: _____
Total gift amount: \$ _____
Number of years over which gift is to be paid (up to 5): _____
Date of first payment: ____/____/____ Amount of payment: \$ _____
Description of intended payment schedule: _____
Donor remarks/intention: _____

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 Bayou District Foundation 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 receive recognition please check the anonymous option below:

The pledge is anonymous: ____

Mailing address for private correspondence and gift acknowledgment:

City: _____ State: _____ Zip: _____

Phone _____ e-mail _____

Alt. Phone _____

Signatures:

Donor or donor's representative date Bayou District Foundation rep. date

Please return signed form to:
Bayou District Foundation
320 Julia Street
New Orleans, LA 70130
Attn: Development

Or email scanned, signed form to:
lmcaffety@bayoudistrictfoundation.com
Lisa McCaffety-Scott
504-339-4877

Executed agreement will be returned to you by mail