

Letter of Intent

Name:	Phone:
Address:	City, State Zip:
E-Mail:	
1	mitment to providing enhanced, year round accessible facilities to are pleased to provide support through its Campaign.
I/we pledge my/our support to Camp	Jotoni with the following gift/pledge: \$
It is my/our intention to fulfill this co	ommitment over year(s), with payments due:
☐ Annually	☐ Semi-Annually
☐ Quarterly	☐ Monthly
The date of my/our first pledge paym	nent will be made is:
I/we would like to make a gift via:	☐ stock transfer ☐ check ☐ credit card
My employer will match my gift. I a	ım employed by:
The Arc Foundation of Somerset Cou	unty will send reminders when pledge payments are due.
This pledge/gift is made in memory/h	honor of:
☐ Please list my/our name(s) as follo	ows: This gift is made anonymously.
Donor Signature(s)	Date
identification # is 30-0205474	extent provided by law. The Arc Foundation of Somerset County's For questions concerning a pledge or a gift, pleas 08-658-3805 or by email at: lisamariea@thearcofsomerset.org