

## ~ Statement of Intent ~

In addition, my company, (name of	company)	will
match this gift in the amount of \$		
Gift Schedule		
☐ I wish to honor this gift intention	n according to the following schedule:	
<u>Date</u> <u>My Gift</u>		
Year 1/ \$	*(Company Match)\$	
Year 2/\$		
Year 3/	*(Company Match)\$	
Year 4/\$		
Year 5/	*(Company Match)\$	
*Reminders will EXCLUDE matching gi	ifts.	
☐ Gift schedule yet to be determine	ned.	
☐ You have my/our permission to	publicize this gift.	
For Internal Use – Designation/Acc	ount/Fund Detail:	
Elizabeth A. Gale Endowment Fund	d for Women's Chorus/A802148/423309	
me(s):	Class:	_
me Address:		
	E-mail:	<u>.</u>
ınature:	Date:	

Please return this form to:
Diane Pierce
Senior Director, Advancement Services
130 East Seneca Street, Suite 400
Ithaca, NY 14850