

**Donor Declaration of Intent**

I am/We are pleased to support the objectives of Youngstown State University and the YSU Foundation. I/We expect and intend to give the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ over the next \_\_\_\_\_\_\_\_\_\_ years, according to the following payment schedule:

 Payment of $ \_\_\_\_\_\_\_\_\_\_\_ Payment date \_\_\_\_\_\_\_\_\_\_\_

 Payment of $ \_\_\_\_\_\_\_\_\_\_\_ Payment date \_\_\_\_\_\_\_\_\_\_\_

 Payment of $ \_\_\_\_\_\_\_\_\_\_\_ Payment date \_\_\_\_\_\_\_\_\_\_\_

 Payment of $ \_\_\_\_\_\_\_\_\_\_\_ Payment date \_\_\_\_\_\_\_\_\_\_\_

 Payment of $ \_\_\_\_\_\_\_\_\_\_\_ Payment date \_\_\_\_\_\_\_\_\_\_\_

Please designate my/our gift to the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My/Our gift: [ ] Shall remain anonymous

 [ ] May be publicly recognized

 [ ] May be shared with boards and campaign leadership

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All gifts are tax-deductible as provided by law.**

*Paul McFadden, YSU Foundation (330-941-3211) or pmcfadden@ysufoundation.org.*

*Federal Tax ID # 34-6576610*