



## LETTER OF INTENT

This form is to confirm the philanthropic commitment of the Donor(s) named below to the MUSC Foundation for the benefit of the MUSC College of Nursing.

Donor(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- Donor agrees that her name may be publicly recognized in connection with the Fund (print and electronic media).
- Donor agrees that the amount of her gift may be publicly recognized in connection with the Fund (print and electronic media).
- Donor wishes to remain anonymous.

### GIFT/PLEDGE COMMITMENT

I/We wish to pledge \_\_\_\_\_ over \_\_\_\_\_ years to the  
\_\_\_\_\_ of the Medical University of South Carolina Foundation.

This pledge is to be paid:  Annually  Semi-Annually  Quarterly  Monthly

By: *(please indicate one)*  Check  Credit Card  Pledge  Securities  Wire Transfer

The first installment payment will be made on: \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

My initial gift of \$\_\_\_\_\_ is enclosed (optional).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to make my gift by credit card:  VISA  MasterCard  AmEx  Discover

\*Account Number:\_\_\_\_\_

\*Expiration Date:\_\_\_\_\_

\*Name Shown on Card:\_\_\_\_\_

\*CSC:\_\_\_\_\_

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

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

Please return form to:

MUSC College of Nursing  
Attn: Anahita Modaresi  
99 Jonathan Lucas Street, MSC 160  
Charleston, SC 29425-1820