Gift Intention Form

Name: _____

Address: _____

Phone: _____ **Email:** _____

Total Amount of Gift $ _____

Initial gift amount: $_____

I pledge an additional $_____ annually for ___ years

I would like to gift $_____ monthly ☐ quarterly ☐ annually ☐

over ____ installments beginning _____

This gift is in Honor of _____ or Memory of _____

Name as you wish to be listed in printed recognition: _____

☐ I/We wish to remain anonymous

Please allocate this gift to: Area of Greatest Need Prevention Services Tanager Foundation

Other (please specify):_____Naming opportunity selected, if applicable:_____

Method of payment: (Please check all that apply. Card payments may be set to auto pay if desired.)

Check: ☐ Stocks: ☐ Card: ☐ Payroll Deduct: ☐ Other (please specify):_____

I intend to make a gift through a Donor Advised Fund:

☐ I am interested in leaving a legacy gift for Tanager through my will, retirement or estate.

☐ I have already included a legacy gift of support for the children of Tanager in my final wishes.

☐ I am interested in volunteer opportunities.

You may pay by card online at Tanagerplace.org/donate, or Tanager will follow up to collect your payment information. You may also contact us directly at philanthropy@tanagerplace.org | 319-365-9164. We sincerely thank you for your generosity toward our children and families.

DONOR SIGNATURE:_____ Date_____