Morton Community Foundation
Annual Support Partner
Gift Intention Statement

As a leader and someone who cares about our community we’re asking you to consider joining the Morton Community Foundation and its Board of Trustees as we build a sustainable source of funding for our day to day operating expenses.

BUSINESS
ANNUAL SUPPORT PARTNER OPPORTUNITIES

_________________________ (Business Name) hereby sets forth its intention to commit to the following level of annual support to Morton Community Foundation (MCF):

Check your support level...

☐ GOLD SUPPORT LEVEL: (1 Available, 3-5 YEAR COMMITMENT)  SOLD .......................................................... $5,000+
Includes 8 tickets to our Annual Fundraiser, including company name & logo on marketing materials, invitations, emails, tickets, program and website, Facebook page, welcome banner and signs. Includes logo recognition on the MCF website all year long. Includes logo recognition at all MCF events throughout the year. Includes logo recognition on all E-Newsletters throughout the year (Currently about 6 email blasts/year)

☐ SILVER SUPPORT LEVEL: (3-5 YEAR COMMITMENT) .......................................................... $2,000+
Includes 4 tickets to Annual Fundraiser, including logo on event program and website, name on invitations, banners & signs at venue. Includes logo recognition on the MCF website all year long. Includes logo recognition at all MCF events throughout the year. Includes logo recognition on all E-Newsletters throughout the year (Currently about 6 email blasts/year)

☐ BRONZE SUPPORT LEVEL: (3-5 YEAR COMMITMENT) .......................................................... $1,000+
Includes 2 tickets to Annual Fundraiser, including name on event program and website, name on invitations, banners & signs at venue. Includes name recognition on the MCF website all year long. Includes name recognition at all MCF events throughout the year.

OTHER SUPPORT LEVELS: (3-5 YEAR COMMITMENT)

☐ Champion Support Level - Including name recognition on the Annual Fundraiser Event program and website, and MCF website all year .......................................................... $500+

☐ Associate Support Level - Including name recognition on the Annual Fundraiser Event program and website, and MCF website all year .......................................................... $250+

☐ Friend Support Level - Including name recognition on the Annual Fundraiser Event program and website, and MCF website all year .......................................................... $150+
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I’d like to give for an unspecified time. I’ll let you know when/if I want to stop the following: $ ___________

*It is the Donor’s intention that the gifts will be payable:*

___ Monthly on the _____ day of each month
___ Quarterly on the _____ day of the first month of each quarter
___ Annually on the _____ day of _____________ (indicate month)

The gifted funds shall be used by MCF for the stated purpose of the Today and Tomorrow (Operating) Fund. This statement may be altered or revoked by the Donor at any time in writing. The Donor intends for this Statement to operate as a good faith declaration of his / her / their hopes and intentions and does not intend hereby to create a pledge or other obligation of any nature whatsoever that is binding and enforceable against the Donor and his / her / their heirs, personal representatives, assigns and estate.

Date: _____/_____/_____

Name: ____________________________________________________________

Signature: _________________________________________________________

Business Name: ___________________________________________________

Mailing Address: ___________________________________________________

E-mail Address: ____________________________________________________

How would you like this gift to be acknowledged?

___ Use our name: _________________________________________________

___Anonymous
The Morton Community Foundation hereby acknowledges receipt of the foregoing installment Gift Intention Statement and agrees that said Statement shall not be construed as creating an enforceable pledge or other obligation against the Donor and his / her / their heirs, personal representatives, assigns and estate, as of the date last written above.

Morton Community Foundation
By: ____________________________________________

Its Board President

Payments will be made as follows:

____ Direct Debit – I / We hereby authorize MCF to initiate debit entries to my / our Checking account indicated below and the bank / depository named below, to debit the same to such account. This authority is to remain in full force and effect until MCF and the bank / depository have received written notification from me / us of its termination in such time and in such manner as to afford CF and the bank / depository a reasonable opportunity to act on it.

Accountholder name: ____________________________________________
Bank / Depository name: ____________________________________________
Bank Branch: ____________________________________________
Bank City / State / Zip: ____________________________________________
Routing Number: ____________________________________________
Account Number: ____________________________________________

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

____ Credit Card
Type: ☐ VISA ☐ Mastercard ☐ American Express
Card Number: ____________________________________________
Expiration Date: _____ / _______
Security Code (3-digit code found on the back of the card): ______

Your recurring credit card donation is securely processed by our nonprofit partner, Network for Good, with a 3% transaction fee to cover credit card fees, bank fees, and other processing costs. Please consider chipping in an additional 3% so 100% of your donation amount goes to us. Select an option below:

☐ Donate 100% - Add 3% so that 100% of the donation goes to MORTON COMMUNITY FOUNDATION
☐ Donate 97% - I understand Network for Good will deduct 3% to cover transaction costs.

____ Distribution from the Donor’s MCF Donor Advised Fund
Name of Fund: ____________________________________________

____ Check / Cash / Marketable Securities  ☐ Send reminder monthly/quarterly/annually

Date: ____________________________________________
Donor Signature: ____________________________________________