* **I/We would like to advise you that I/We have made a provision for a gift to Rainbow House Domestic Abuse Services, Inc**.

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/We have made the following provision for a gift:**

* Cash Gift (Make check payable to Rainbow House)
	+ Enclosed is my check
	+ My pledge will be paid in equal amounts of \_\_\_\_\_\_\_over a period

 of \_\_\_\_\_ months/years

* Bequest/Will/Revocable Trust
* IRA or other Retirement Plan beneficiary designation
* Life Insurance beneficiary designation
* Charitable Remainder Trust
* Pooled Income Fund
* Charitable Gift Annuity
* Real Estate
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The estimated amount of this gift is (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of the legal document that establishes this gift:**

* Is enclosed
* Was provided to Rainbow House
* Will not be provided

**Recognition of support:**

* I/We authorize Rainbow House to list me/us in the Honor Roll of Donors. Our/my name(s) should appear as:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I/We prefer confidentially and do not wish my/our name(s) to be listed, but would appreciate receiving on-going information and invitation for Rainbow House events.

**My Employer has a Matching Gift Program**

* Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gift Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (this Statement of Intent is non-binding)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_