



## Letter of Intent

Name(s) (Please print): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ An outright gift of \$\_\_\_\_\_ payable to Waukesha Memorial Hospital Foundation is Enclosed.

\_\_\_\_\_ I/we pledge \$\_\_\_\_\_. Pledge payments will be made according to the following schedule:

| Month/Year | Amount | Month/Year | Amount |
|------------|--------|------------|--------|
| _____      | _____  | _____      | _____  |
| _____      | _____  | _____      | _____  |
| _____      | _____  | _____      | _____  |

*Please note that NuGenesis Farm has applied for 501(c) (3) status. This process could take up to eight months, so to ensure your gift is fully tax deductible, we ask that you please make checks payable to **Waukesha Memorial Hospital Foundation** with “**NuGenesis Farm**” in the memo portion. If you have any questions, please contact Kathryn Leverenz at 262-928-4094 or at [kathryn.leverenz@phci.org](mailto:kathryn.leverenz@phci.org). Thank you.*

It is my/our intention to fulfill the terms of this pledge. However, should unforeseen circumstances require cancellation of these terms, I/we reserve the right to do so by notifying the Waukesha Memorial Hospital Foundation.

Signed \_\_\_\_\_

Date \_\_\_\_\_