





Name(s):	\$	Weekly x 156 weeks, or	¢	
Addross	— \$	Monthly x 36 months, or	\$ Automatic Bank Transfer	
Address:	\$	As follows:	Your banking act #	
City:	\$	TOTAL for 3-year vision campaig	n ——————————Your banking routing #	
State:	Signatur	re(s)	9	
Zip:	(This stateme	ent of intention may be revised as circumstances dictate.		
Phone #:	To be co	mpleted by persons making commitments	other than cash:	
E-mail:	\$	\$ Approximate value of gift commitment		
Date:	Description of non-cash gift			