



LETTER OF INTENT FORM

I(we),

Please Print Name

in support of Bastrop County Emergency Food Pantry, intend to make a total gift of
\$ _____

Gifts may be pledged over a 1-5 year period

Payment #1 _____ to be made _____ (Month) _____ (Year)

Payment #2 _____ to be made _____ (Month) _____ (Year)

Payment #3 _____ to be made _____ (Month) _____ (Year)

Payment #4 _____ to be made _____ (Month) _____ (Year)

Payment #5 _____ to be made _____ (Month) _____ (Year)

Donor Signature: _____ Date: _____

Name (Print): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home/Cell _____

E-mail Address: _____

Fax: _____

Do you intend to participate in a corporate match program as part of your gift?
___Y___N

If so, please indicate the name of the company that will be matching your gift:

I/We intend to pay our gift as follows (*please check*):

___ Check (annually, semi-annually, quarterly, monthly) Payable to: BCEFP

___ Stock (annually, semi-annually, quarterly, monthly) **Please use Stock Transfer Form**

___ Other (please describe) _____

___ Please Contact Me



FOR PURPOSES OF DONOR RECOGNITION

I (we) desire that our pledge be treated as an *Anonymous Gift*

OR

Please list my (our) name as specified below in all appropriate donor recognition:

*Please print above exactly as you would like your gift to be recognized. For example:
Amanda and Jeremy Walsh • The Walsh Family • In Memory of Rita Walsh*

Bastrop County Emergency Food Pantry Tax ID #: 74-2485884
BCEFP is a 501 c 3 nonprofit organization

Thank you for your generous support!
The donor is supporting the objectives as provided in the campaign objectives listed,
and they include all of the items from capital to program to fundraising costs.

Questions? Please Contact:

Bastrop County Emergency Food Pantry
Fax: 512-321-4544
info@bastropfoodpantry.org