

## LETTER OF INTENT

☐ I/we wish to remain anonymou	s.		
CAPITAL/ENDOWMENT GIF	T ALLOCATION		
☐ Capital Unrestricted (as needed	d for campaign capital projec	cts)	
□ Endowment Unrestricted			
□ Capital Restricted (check one)	<ul><li>□ Campus Center</li><li>□ Library Renovations</li></ul>	<ul><li>☐ Athletic Fields</li><li>☐ Fine Arts Improvements</li></ul>	<ul><li>□ Land Acquisition</li><li>□ Parking Garage</li></ul>
□ Endowment Restricted - minin	num of \$50,000 for restricted  Financial Aid	d endowment gifts (check one)  □ Student Assistance Fund	□ Professional Development
CAPITAL/ENDOWMENT INT	<u>'ALLMENTS</u>		
Preference:   Annual	□ Semi Annual		
□ Quarterly	□ Monthly		
Start Date:			
Year Totals			
2016 \$	\$		
2017 \$	\$		
2018 \$	TOTAL \$	□ Pledge	to be paid by a donor advised fund
NAMED GIFT DESIGNATION	(Please see named gift oppo	ortunities.)	
ANNUAL FUND			
In addition, I/we agree to continue	e to support the St. John's Sc	chool Annual Fund. My/our git	ft to the Annual Fund will be
\$	per year for the next five years.		
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ADDITIONAL COMMENTS ABOU	T YOUR GIFT		
DONOR NAME			

Please return the signed original and retain a copy for your own records. Thank you again for your generous support of St. John's School. This is not a legally binding pledge. If you need to make adjustments or changes to your installment schedule or if you have any further questions please contact the Office of Advancement at 713-850-0222 Ext. 220. Please send to 2401 Claremont Lane, Houston, Texas 77019. Attention: Advancement Office.

**DATE** 

DONOR SIGNATURE