



Letter of Intent

Name of Scholarship (if applicable): _____

Name of Donor: _____

Address: _____

I/We hereby pledge (amount) \$_____ to the Grand Rapids Catholic Secondary Schools through The Foundation for Catholic Secondary Education of Greater Grand Rapids.

This pledge will be paid:

_____ In full on this date (MM/DD/YYYY): _____

_____ Over a period of _____ years in equal installments beginning
on this date (MM/DD/YYYY): _____

*Please make all checks payable to the Foundation for Catholic Secondary Education.

This gift is (please check only one):

___ Unrestricted to support general operations of Catholic Secondary Schools

___ Restricted for the following purpose (principal may be spent): _____

___ Restricted for endowment (principal may not be spent, investment earnings are to be spent as follows:

- Unrestricted
 Restricted for the following purpose: _____

This gift is made in honor of (if applicable): _____

Please print name(s) as they should appear in any donor recognition: _____

Description and Criteria of Gift:

- 1.
- 2.
- 3.
- 4.

- 5.
- 6.
- 7.
- 8.
- 9.

Should another individual or entity also receive credit and acknowledgement for the gift plan?
If yes, please provide the following: _____ Spouse _____ Other

Full Name: _____

Address: _____

Phone: _____

May we announce and/or publish your gift as a way of encouraging others to join you in supporting Catholic Central and West Catholic High Schools?

_____ Yes

_____ No, but my/our name(s) may be identified with this gift for internal gift reporting.

_____ No, I/we desire to remain anonymous.

Printed Name of Donor

Signature of Donor

Date

Printed Name of Donor

Signature of Donor

Date

I certify that I am duly authorized to represent the Grand Rapids Catholic Secondary Schools and the Foundation for Catholic Secondary Education in this agreement.

Printed Name of Administrator

Title

Signature of Administrator

Date