

2510 N. Frontage Road Darien, IL 60561 630-737-9702 (Telephone) www.sleepresearchsociety.org

**Member Letter of Intent** to the Sleep Research I. This pledge is intended to provide a TOTAL GIFT of \$ Society Foundation in support of the SRSF Capital Campaign. II. I would like to serve as a campaign volunteer by soliciting others \_\_\_\_\_ YES \_\_\_\_\_ NO III. Enclosed find an initial payment of \$ toward this commitment. Please make checks payable to: Sleep Research Society Foundation The balance of this pledge commitment will be paid according to the following schedule (check one): MONTHLY beginning (date) \_\_\_\_\_ ANNUALLY. **SEMI-ANNUALLY,** QUARTERLY, Payable over (check one): FIVE YEARS OTHER (please indicate) Please complete payment schedule chart to ensure reminder notices are sent on time. 1<sup>st</sup> Qtr 2<sup>nd</sup> Qtr 4<sup>th</sup> Qtr 3<sup>rd</sup> Qtr Year (date & amount) (date & amount) (date & amount) (date & amount) 2017 2018 2019 2020 2021 2022 IV. Please indicate how you would prefer your name to be listed for donor recognition purposes: V. Additional Instructions: SIGNATURE DATE PRINT NAME: \_\_\_\_\_ PHONE: TITLE: EMAIL: