



Statement of Intent

"Yes," I gladly state my intentions below to commit my financial support to the Diocesan Seminarian Partnership Program

Campaign Gift Amount: \$ _____

Initial Payment: \$ _____

Remaining Balance \$ _____

Total Amount of Gift/Pledge \$ _____

In Memoriam: _____

Seminarian Educational Investment Opportunities

Full Annual Scholarship: \$40,700

Tuition Only: \$19,200

Room and Board: \$14,000

Insurance and Travel Expenses: \$ 5,100

I would like to make this payable in the following frequency:

___ Annually ___ Semi-annually ___ Quarterly ___ Monthly

___ Gift Online: <https://www.foundationdor.org/donate/seminarian-partnership-program-donate/>

___ I prefer to fund my gift with: Stocks/Mutual Funds/Qualified Charitable Distribution/DAF/Other

___ I would like to learn how I can perpetuate my gift to the Seminarian Partnership Program.

___ I have would like to include the Seminarian Partnership Program in my estate plans.

Name: _____

Signature _____ Date _____

Address _____

City/Sate/Zip _____ Phone _____

Email _____