



STATEMENT OF INTENT
Gift Commitment

Name(s) of Donor(s): _____ Date: __/__/____

Address: _____ City, State ZIP: _____

Email: _____ Phone(s): _____

It is my/our intent to give or cause to be given a Total Personal Gift of \$ _____ in support of: The Dr. Kimberly Epps '90 Memorial Scholarship Endowment.

Payment Method and Information:

[] Enclosed is my/our total annual gift of \$ _____.

[] I/We pledge my/our total annual gift of \$ _____.

[] I/We would like to make monthly/quarterly pledge payments toward my/our total annual gift via:

[] credit card** [] electronic funds transfer**

**We will contact you directly to make the necessary arrangements.

[] I/We intend to fulfill my/our pledge by __/__/____ (mm/dd/yyyy). (HMC's fiscal year ends in June).

Corporate Matching or Donor Advised Fund? [] Yes [] No

[] I/We will be requesting a gift from a donor advised fund for all or a portion of this gift.

Foundation or Fund name: _____

Expected Annual Request: \$ _____ Expected Total Request: \$ _____

[] I/We will be requesting a corporate match.

Company name: _____

Expected Annual Request: \$ _____ Expected Total Request: \$ _____

Additional Comments, name(s) to use in acknowledgements, note if you wish to remain anonymous:

Donor 1 Name Signature Date

Donor 2 Name (if applicable) Signature Date

Please complete and return this form to:
Office of College Advancement, Harvey Mudd College, 301 Platt Boulevard, Claremont, CA 91711
or e-mail advancement_services@hmc.edu.

Checks should be made payable to "Harvey Mudd College," a 501(c)(3) non-profit California corporation.
Online payments can also be made at hmc.edu/give. Please contact Advancement Services to discuss other payment methods.