

INTENT TO GIVE FORM

Serenity Villa

A Fairview Haven Residence

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

Yes, we (I) wish to support Fairview Haven's ministry of caring for elders in our community with memory loss!

We (I) intend by God's grace to pray for and financially support this ministry as follows:

Gift amount: \$ _____

Gift to be paid: monthly quarterly

annually one-time

Date of first payment: _____ Date payments should stop: _____

For this project, we will need funding by December, 2018

Payment Option: cash check credit card* EFT*
(payable to Fairview Haven) (complete information below) (Please attach voided check)

**Transactions will be completed on the 20th of each month. Quarterly transactions will be done in March, June, September and December.*

Additionally, you may visit our website to make a donation through pay-pal www.fairviewhaven.org

Credit Card Information

Card Type: Visa MasterCard Discover

Name (as it appears on card) _____

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Fairview Haven is a 501(c)3 corporation and all gifts are tax deductible. The Board of Directors, Administration and future residents of *Serenity Villa* thank you for your generous contribution to the future of Fairview Haven!

Please return this form and payment to: **Fairview Haven, Inc.**
605 N Fourth St
Fairbury IL 61739

*If **Serenity Villa** becomes over-funded or cannot be completed for some unforeseen reason, the donor will be given opportunity to stop any unpaid contributions. Funds already collected will be allocated to other areas of Fairview Haven to enhance the lives of those we serve!*