

**Dr Larry Rudolph Medical
Recruitment Fund**

**Capital Campaign
Statement of Intention
(Business, Family or Individual)**

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

I/We wish to participate in the *Dr Larry Rudolph Medical Recruitment Fund* campaign of the Future Generations Health Care Foundation. It is my/our intention to contribute the total amount of:

\$ _____

with an initial payment of \$ _____ enclosed

and payments of \$ _____ each to be paid

____ quarterly ____ semi-annually ____ annually

over a period of

(please circle one) 1 2 3 4 5 years.

I/We request that intention reminders be sent

____ quarterly ____ semi-annually ____ annually

beginning on the following date (month/year): _____

Please send the reminder to 1) this email address: _____

or 2) text me at this cell phone number: _____ or 3) the address above.

Comments:

Signature: _____ Date: _____

Signature: _____ Date: _____

Send payment to: **Future Generations Health Care Foundation
372 South 9th Street
David City, NE 68632**

Thank you for your support of those we serve!

Contributions to Future Generations Health Care Foundation are tax deductible as provided by law. Future Generations Health Care Foundation is recognized by the Internal Revenue Service as a "501 (C) (3)" charitable organization.