



# renewED

EATING DISORDERS SUPPORT

## ***Letter of Intent***

It is my intention, circumstances permitting, to financially support Renewed during the next \_\_\_\_\_ year(s) to the following extent:

\$ \_\_\_\_\_ TOTAL COMMITMENT

(check one)

To be contributed:

- \_\_\_\_\_ \$ \_\_\_\_\_ Annually
- \_\_\_\_\_ \$ \_\_\_\_\_ Quarterly
- \_\_\_\_\_ \$ \_\_\_\_\_ Monthly
- \_\_\_\_\_ \$ \_\_\_\_\_ Other, as follows \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_ Amount attached

To Start: \_\_\_\_\_ Month \_\_\_\_\_ Year

This is a pledge but indicates my sincere dedication and interest in Renewed and represents by intention of financial support toward Renewed for the next \_\_\_\_\_ years. You may notify me as my contributions come due according to the schedule I have specified.

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This statement of intention shall not constitute a legal obligation and shall not be legally binding on my heirs or assigns. It is understood that in the event of unforeseen circumstances, this statement of intent may be modified or terminated upon written notice to Renewed.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

*Please return this completed form to the Renewed office (address listed below) or email to [info@renewedsupport.org](mailto:info@renewedsupport.org).*