



ADVANCED TECHNOLOGY CENTER LETTER OF INTENT

I am pleased to inform you that _____
NAME OF PERSON(S) OR ORGANIZATION
will support the College of Lake County Foundation by making a financial
commitment for a total gift of \$ _____.

CONTACT INFORMATION

Personal Gift

INDIVIDUAL NAME(S) _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAY PHONE _____ CELL PHONE _____
E-MAIL _____

Business Gift

ORGANIZATION NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAY PHONE _____ CELL PHONE _____
E-MAIL _____

Agreement approval:

INDIVIDUAL OR ORGANIZATION NAME _____ TITLE (For business gift) _____
SIGNATURE _____ DATE _____

PLEASE RETURN TO:

Joseph P. Sweeney
Major Gifts Officer
College of Lake County Foundation
19351 W. Washington Street
Grayslake, IL 60030-1198
847-543-2488
joe.sweeney@clcillinois.edu
clcillinois.edu/ATC

**Thank you for your interest in
supporting the College of
Lake County Foundation.**

Your gift is appreciated.

PAYMENT INFORMATION

This contribution is payable over:

- 1 year 2 years 3 years 4 years 5 years

First installment date (month/year): _____

First installment amount \$ _____

Frequency of installments:

- Annually Semiannually Quarterly Monthly

Please make payable to College of Lake County Foundation.

- Please contact me/us about setting up a payment method for this gift.
 I/we wish for this gift to remain anonymous.
 I/we have other thoughts to share. Please contact me/us at:

PHONE _____