

# Theresian Foundation, Inc.

*Supporting Theresians Forever*

## OUTRIGHT GIVING FORM

The Theresian Foundation exists to provide financial support to Theresians International and to assure that the Theresian organization exists in perpetuity to enrich the lives of future generations of Theresians.

I, \_\_\_\_\_, (please print) attest to the significant role that the Five Dimensions and Theresian sisterhood have played in my life and have decided to invest in Theresians. I understand that giving any amount, no matter how large or small, to the Foundation allows the principal to build and generate more interest that, in turn, increases the Foundation's annual distribution to the Theresian International budget.

### TYPE OF GIFT

\_\_\_ One-time gift

\_\_\_ Scheduled Donation to the Theresian Foundation (Choose one.)

FREQUENCY	AMOUNT	FREQUENCY	AMOUNT
___ Monthly	_____	___ Semiannually	_____
___ Quarterly	_____	___ Annually	_____

- If you would like to set up an automatic withdrawal from your checking account, please contact the Theresian office to set up your ACH withdrawal at [5dimensions@att.net](mailto:5dimensions@att.net).

\_\_\_ Qualified Charitable Distribution (QCD) Distribution Amount \_\_\_\_\_

- If you are 70 ½ years of age, you can give any amount up to \$100,000 from your IRA directly to a qualified charitable organization by December 31 without having to pay income taxes on the gift.

### DONOR LISTING

\_\_\_ I agree that recognition may be included in all Theresian Foundation and Theresian International publications. \_\_\_ Name \_\_\_ Amount \_\_\_ Both

\_\_\_ I wish to opt out of all public recognition for my gift commitment.

**If the information provided herein should change, I agree to inform the Theresian Foundation of the change. \_\_\_\_\_ (Please initial.)**

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

Address \_\_\_\_\_  
Street or P. O. Box City State ZIP

Email \_\_\_\_\_ Phone \_\_\_\_\_