



12700 Park Central Drive Suite 308  
 Dallas, TX 75251  
 972-687-9230 • 972-692-6020 Fax

**Individual Commitment Letter of Intent**

I. This individual commitment is intended to provide a TOTAL GIFT of \$\_\_\_\_\_ to the CEIR Foundation in support of research.

II. Enclosed find an initial payment of \$\_\_\_\_\_ toward this commitment.  
 Please make checks payable to: CEIR Foundation

The balance of this individual commitment will be paid according to the following schedule (*check one*):

ANNUALLY,  SEMI-ANNUALLY,  QUARTERLY, beginning (*date*)

Payable over (*check one*):  FIVE YEARS  OTHER (*please indicate*) \_\_\_\_\_

Please complete payment schedule chart to ensure reminder notices are sent on time.

Year	1 <sup>st</sup> Qtr (date & amount)	2 <sup>nd</sup> Qtr (date & amount)	3 <sup>rd</sup> Qtr (date & amount)	4 <sup>th</sup> Qtr (date & amount)
2015				
2016				
2017				
2018				
2019				

III. Additional Instructions (How would you prefer your name be recognized?)

**Payment Options**

**Credit Card**

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Payment Type, Select One:  Visa  MasterCard  American Express  Discover

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Payment by Check**

Please submit checks to: CEIR Foundation · 12700 Park Central Drive · Suite 308 · Dallas, TX, USA 75251

**V. Signature and Contact Information:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

The CEIR Foundation is a non-profit charitable organization under Section 501 (c) (3). Contributions to the Foundation may be deductible as a charitable contribution for Federal Income Tax purposes.  
 Please consult your tax advisor.