



SERVING • LEADING • TRANSFORMING

Advancement

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### Suter West Campaign Non-Binding Statement of Intent

Name: \_\_\_\_\_ Date: \_\_\_\_\_ ID# \_\_\_\_\_

I(We) choose to support Eastern Mennonite University in offering a distinctive education that incorporates academic excellence with challenging students to answer Christ's call to a life of witness, service and peace-building. To that end I (we) plan to contribute to EMU in the following way(s):

**Annual Support:**

I(We) intend to continue regular annual support of **The University Fund** to enable EMU to meet its current annual goals for student financial aid, faculty support, and other programs. Please contact me/us later to renew my/our annual gift to EMU.

**Capital Support – Suter Science Center West:**

To address urgent capital needs of EMU, I(we) intend to provide \$\_\_\_\_\_ to support the Suter Science Center West project which will support a new engineering program, enhance entrance and classroom spaces, and renovate the museum and discovery room.

I/We prefer to make contributions over a period of five years beginning \_\_\_\_/\_\_\_\_ (month/year) and concluding on/or before \_\_\_\_/\_\_\_\_ (month/year) on the following schedule:

- Year 1 \$\_\_\_\_\_ to be gifted ( ) annually ( ) semi-annually ( ) quarterly ( ) monthly
- Year 2 \$\_\_\_\_\_ to be gifted ( ) annually ( ) semi-annually ( ) quarterly ( ) monthly
- Year 3 \$\_\_\_\_\_ to be gifted ( ) annually ( ) semi-annually ( ) quarterly ( ) monthly
- Year 4 \$\_\_\_\_\_ to be gifted ( ) annually ( ) semi-annually ( ) quarterly ( ) monthly
- Year 5 \$\_\_\_\_\_ to be gifted ( ) annually ( ) semi-annually ( ) quarterly ( ) monthly

I/We prefer to make a one-time gift to support the project by \_\_\_\_\_ (date).

**Jubilee Friends:**

I(We) have also included EMU in my/our estate plans. I(We) are pleased to be counted among EMU's Jubilee Friends who share my/our commitment to EMU's future.

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Eastern Mennonite University will use this commitment as its guide for financial planning of the University under the direction of the Board of Trustees.

Donor(s): \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

EMU Representative \_\_\_\_\_ Date: \_\_\_\_\_