Advanced Pediatric Patient Simulator for EMU Nursing Simulation Lab

Non-Binding Statement of Intent

Name: ____ **Date:** _____ **ID#** ____

I(We) are pleased to join other alumni and friends of EMU in this effort to educate more nurses through the addition of an advanced pediatric human simulator to EMU's Lisa Haverstick Memorial Nursing Laboratory. Therefore, 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 meets its current annual goals for student financial aid, faculty support, and other programs**.**

Capital Support – Advanced Pediatric Patient Simulator:

☐ **To address urgent capital needs of EMU, I(we) intend to provide $_____ to support the addition of an Advanced Pediatric Patient Simulator in the Nursing Simulation Lab, which will support nursing students in meeting their required pediatric clinical hours.**

☐ **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.

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: _____