

THE PAUL PIPERATO FAMILY SUITE AT JAWONIO CONFIDENTIAL LETTER OF INTENT



Paul Piperato loved Jawonio. He was involved in every aspect of our events and programs. We were so grateful to honor and recognize Paul in 2019 with our Jawonio Friends Award. And now in 2020, we have found another way to pay tribute to this wonderful family man and community servant. As you may know, Jawonio is moving into our new facility this summer. On the 2nd floor, there will be a dedicated space for families. It is in the center of the building and you can't miss it. This warm and welcoming space will be a testament to Paul's compassion and his tireless efforts as an advocate for children, adults and families with special needs. Families will meet with our staff and clinicians in a safe and beautiful setting to discuss challenges and opportunities for their loved ones. We can't imagine a more perfect way to honor Paul's memory than to name this room

for him as The Paul Piperato Family Suite. It is our hope that the thousands of families yet to come will feel the support and comfort they need. With your generosity and support, we can continue Paul's legacy of giving back to the community and Jawonio.

There as	re tw	vo ways to make your donation to the Paul Piperato Family Suite	, please see bel	ow:	
1. I/we	will	make a Pledge of \$ to be paid over 2 years, be	eginning on	//2020 (Date)	
		Enclosed is the first pledge payment of \$ The sec	ond payment w	rill be on// 2021 (Date)	
		I/We will make a One-time Gift of (CIRCLE ONE) \$5000 \$2500 \$1000 \$500 \$250 \$100 or \$ on//2020			
		My Pledge Payments over 2 years will be made: annually quarterly monthly (please circle one)			
2. PREI	FER	RED METHOD OF DONATION:			
		I/we would like to make my/our gift via credit card: ☐ AMEX ☐ Discover ☐ MC ☐ VISA			
Name as it appears on card:					
		Card #		Exp _/_	
		I/we would like to make my/our gift via bank account: ☐ Checking ☐ Savings			
	☐ This gift will be in the form of securities. Please contact the Foundation for details at 845-708-2022			etails at 845-708-2022.	
		This gift will be matched byCompany Name(s)	Form [I enclosed □ to follow.	
Special	Inst	tructions For Your Name as to how you would like it to appea	ar in the suite	(Please Print):	
Name(s	s): _				
Street A	Addre	(Please print your name(s) exactly as you would like it/them ess:	to appear in reco	gnition materials)	
City			State	Zip	
Telephone ()			E-mail		
Signature			Date		