



To submit this form, simply fill out the fields below,
and email it back to Stefanie Ince, Executive Director at:
since@indealcares.org

Gift Agreement

Thank you for your support of INDEAL Cares. Your gift will support our mission to support healthy workplace communities for employees within the commercial furniture industry in North America – and in under-served communities globally.

Your Information:

Name: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Pledge Information:

I (we) pledge a total of \$ _____ USD¹

I (we) plan to make this contribution in the form of:

cash a check or credit card other: _____

I (we) will fulfill the balance of our pledge as follows:

one lump sum payment OR equal installments over _____ yrs. beginning _____

I would like my gift to support the following INDEAL Cares Area of Focus²:

Active Living
Mental Health
Disease Prevention
Spine Health
Wherever the funds are needed most

¹ It is the agreement of the parties and the intention of the Donor that this gift and any unpaid promised installment under this Agreement shall constitute the Donor's binding obligation and shall be enforceable at law and equity, including, without limitation, against the Donor and the Donor's estate, heirs and personal representatives, and their successors and assignees. The Donor acknowledges that INDEAL Cares has substantially relied, and shall continue to rely, on the Donor's gift being fully satisfied as set forth herein.

² Donor acknowledges and consents that, if in the opinion of the Board of Directors of INDEAL Cares, all or part of this gift cannot at some time in the future be usefully or practically applied to the above purposes or if the purpose cannot be achieved due to a future change in law or unforeseeable circumstances, it may be used for any related purpose, which in the sole opinion of the Executive Committee of INDEAL Cares, will most nearly accomplish the Donor's wishes.

Acknowledgement Information:

Please use the following organization / individual name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

I (we) wish to make our gift in honor of: _____

This Agreement contains the entire understanding of the parties with respect to the subject matter of the Agreement and is subject to the laws of the State of Florida. This Agreement also supersedes all other agreements and understandings, both oral and written, between the parties relating to the subject matter of the Agreement.

Signature: _____ Date: _____

Securities may be assigned, and checks, corporate matches, or other gifts may be made payable and mailed to:

INDEAL Cares
259 4th Avenue North, St. Petersburg, FLA
33701
since@indealcares.org

Thank You. Your contribution to INDEAL Cares supports our vision to revolutionize the health and well-being of employees within the commercial furniture industry in North America - and globally - through a commitment to workplace wellness and holistic health.

INDEAL Cares was established in the U.S. in 2020. Its EIN number is 84-5129983. It is currently pending 501(c)(3) approval.