



SUSTAINING HOPE

TRANSFORMING LIVES AND FORGING THE FUTURE FOR EDUCATION AND RECOVERY.

NAME

MAILING ADDRESS

CITY

STATE/ZIP

PHONE

EMAIL

SIGNATURE

DATE

In support of the Hope Academy Anniversary Campaign, I pledge the following commitment in the amount of:

\$ _____ payable over _____ (1 to 5) years. My first payment will be on ____ / ____ / ____ via:

☐ Monthly installments of \$ _____ ☐ One time payment

☐ Quarterly installments of \$ _____ ☐ Other: _____

☐ Annual installments of \$ _____

Payment to Hope Academy Anniversary Campaign will be made as follows:

☐ Charge my credit card: ☐ Visa ☐ MasterCard

NAME ON CARD

PHONE

CARD NUMBER

EXP. DATE

CVV

BILLING ADDRESS

CITY

STATE/ZIP

SIGNATURE

☐ Check (payable to Hope Academy)

☐ Other (i.e., IRA, Donor Advised Fund, Bequest, or Retirement Plan): _____

☐ Gift of Appreciated Securities or Other Assets

☐ My company will match my gift

Please indicate how you would like for your gift to be recognized

NAME (PLEASE PRINT)

☐ I would prefer to remain anonymous.

☐ I would like to honor or memorialize someone with my gift.

In Honor of: _____

In Memory of: _____