



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: _____