



Foundation of Hope Commitment Form

Name _____

Mailing Address _____

City _____

State _____

Zip _____

Email _____

Phone _____

Gift/Pledge

My/Our total commitment (pledge or gift) to this campaign is \$ _____

Enclosed is \$ _____ toward this commitment.

The \$ _____ balance on this commitment will be paid in _____ years (up to five years), according to the following schedule:

\$ _____ paid by _____ (e.g. paid by December 31, 2023)

\$ _____ paid by _____ (e.g. paid by December 31, 2024)

\$ _____ paid by _____ (e.g. paid by December 31, 2025)

\$ _____ paid by _____ (e.g. paid by December 31, 2026)

\$ _____ paid by _____ (e.g. paid by December 31, 2027)

Foundation of Hope Annual Fund

Annual gifts allow us to continue funding important research projects that will change the landscape for those who struggle with mental illness. Please note below if you would like to make an additional gift to support the Annual Fund.

Total commitment to the 2023-2024 Annual Fund is \$ _____

Signature _____

Date _____

Employer matching is a great way to increase support. Please check with your employer about matching gift opportunities.

campaignforCHAAMP.org

Donor Recognition

Your donation will be recognized by Foundation of Hope. Please indicate how you would like your gift/pledge to be acknowledged. Names to be listed:

This gift is made in honor or memory of: _____

Name/address of who should be notified: _____

- I wish for my gift to be anonymous.
- I am leaving a gift to Foundation of Hope in my will.
- I am interested in talking to someone at Foundation of Hope regarding my estate plans or a gift of other types of property.

Method of Gift/Pledge Payment

- Check payable to: Foundation of Hope (please indicate "CHAAMP" on memo line)
- Credit/debit card or electronic funds transfer (secure site campaignforCHAAMP.org/donate)
- Stock/securities (for stock transfer details, please contact us)
- Qualified charitable distribution from an IRA
- Donor advised fund

Questions? Please contact
Suzanne Holt, Administrative Associate
919-781-9255 or
suzanne@walkforhope.com

**Please return this form and your
contribution to this address:**
9401 Glenwood Avenue
Raleigh, NC 27617

**THANK YOU FOR
YOUR SUPPORT!**



Contributions are tax-deductible as provided by law. While the funds are being raised for CHAAMP, as described herein, the Foundation's needs and objectives could change over time. Therefore, if at any time the Foundation's Board of Trustees determines that the purpose of the gift for CHAAMP is no longer appropriate or possible given the mission of the Foundation, the Foundation may use the gift for such purposes as in its opinion will best further the objectives of the Foundation. Foundation of Hope is a registered 501(c)(3) non-profit. EIN # 56-6246626.