

**Hope Lives Foundation**  
**2020**  
*Multi-Year Giving Society*

**Multi-Year Giving Society Members**

Thank you for your prior pledge of support.

Name: \_\_\_\_\_

Please tell us how you would like to support the Hope Lives Foundation.

I would like to:

\_\_\_\_\_ Add \_\_\_\_\_ more years to my current multiple-year pledge.

\_\_\_\_\_ Increase my financial commitment to \$\_\_\_\_\_ for \_\_\_\_\_ years.

\_\_\_\_\_ Pay off my existing pledge and commit to a new pledge in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ years.

\_\_\_\_\_ Pay the balance of my annual pledge amount today.

\_\_\_\_\_ Speak with someone directly. Please contact me; I have other thoughts to share.

\_\_\_\_\_ I would like to designate my gift to: \_\_\_\_\_

**Please complete payment and contact information on the other side.**

Mailing Address: Hope Lives Foundation \* P.O. Box 12908 \* Fort Pierce, FL \* 34979

772-465-6011 or [www.tckidsfund.org](http://www.tckidsfund.org)

Hope Lives Foundation is a 501 © 3 Non-Profit Organization. All contributions are tax deductible #20-2247601.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. REGISTRATION # CH3290

# Hope Lives Foundation 2020

## *Multi Year Giving Society*

**I would like to become a member of the Hope Lives Foundation Multi-Year Giving Society:**

- Wishes:* \$1,000 per year for 5 years  
 *Hopes:* \$5,000 per year for 5 years  
 *Dreams:* \$10,000 per year for 5 years  
 *Visions:* \$25,000 per year for 5 years

(I would like to be invoiced monthly\_\_\_\_quarterly\_\_\_\_yearly\_\_\_\_)

### **I would like to contribute in other ways:**

- I will pledge \$\_\_\_\_\_ per year for \_\_\_\_\_ years (Payment type checked below)  
 I will make a one time contribution in the amount of \$\_\_\_\_\_  
 My company will match my gift  
 Please contact me. I have other ideas to share.  
 Please contact me about paying my pledge with Stock, Bonds, Life Insurance, Annuities, Savings Bonds, Mutual Funds or other investable assets.  
 I would like to designate my gift to:\_\_\_\_\_

### **Payment:**

- We will bill you within 30 days for your annual pledge unless you request otherwise.  
 My check is enclosed, in the amount of \$\_\_\_\_\_ made payable to the:  
*"Hope Lives Foundation"*  
\* First payment of Multi-Year Pledge:\_\_\_\_\_ \* One Time Contribution:\_\_\_\_\_  
 Please charge my: VISA\_\_\_\_MC\_\_\_\_AmEx\_\_\_\_ in the amount of \$\_\_\_\_\_  
Name on card:\_\_\_\_\_  
# \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Please auto deduct my pledge monthly in the amount of\_\_\_\_\_  
 I have completed the attached form and enclosed a voided check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Organization/Company:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address: