



# HOPE FOR THE WARRIORS®

## 2012 DONOR FORM

Please complete **both** pages.

Yes! I am interested in supporting the mission of Hope For The Warriors® with the enclosed donation of

- |                          |           |                             |
|--------------------------|-----------|-----------------------------|
| <input type="checkbox"/> | \$ _____  | Supporter of Service        |
| <input type="checkbox"/> | \$100     | Friend of Liberty           |
| <input type="checkbox"/> | \$250     | Partner of Promise          |
| <input type="checkbox"/> | \$500     | Commander of Freedom        |
| <input type="checkbox"/> | \$1000    | Guardian of Courage         |
| <input type="checkbox"/> | \$1500    | Believer of Dreams          |
| <input type="checkbox"/> | \$2500    | Defender of Heroes          |
| <input type="checkbox"/> | \$5000    | Champion of Hope            |
| <input type="checkbox"/> | \$10,000  | Legion of Merit             |
| <input type="checkbox"/> | \$25,000  | Silver Star                 |
| <input type="checkbox"/> | \$50,000  | Distinguished Service Medal |
| <input type="checkbox"/> | \$100,000 | The Service Cross           |
| <input type="checkbox"/> | \$250,000 | Medal of Honor              |

Yes! I would like to make a 3-year pledge of:

- \$ \_\_\_\_\_ for 2012  
 \$ \_\_\_\_\_ for 2013  
 \$ \_\_\_\_\_ for 2014

Please remind me in \_\_\_\_\_ (month) of each year.

- Please direct my gift towards:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Above & Beyond Program        | <input type="checkbox"/> General Operating Funds      | <input type="checkbox"/> A Warrior's Wish®            |
| <input type="checkbox"/> Hope & Morale Program         | <input type="checkbox"/> Family Reintegration Program | <input type="checkbox"/> Family Support Program       |
| <input type="checkbox"/> Spouse/Caregiver Scholarships | <input type="checkbox"/> Immediate Needs Program      | <input type="checkbox"/> Outdoor Adventures           |
| <input type="checkbox"/> Hope & Care Center Monument   | <input type="checkbox"/> Warrior House™               | <input type="checkbox"/> Wounded Warrior Unit Support |

Please record my gift as  In Honor Of  In Memory Of

and notify the recipient(s) at the following address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hope For The Warriors® Donor Form cont.**

In an effort to further my support:

- I can identify other gifts in-kind, resources or services.
- I am interested in making a gift of securities.
- I am interested in making a bequest in my will to Hope For The Warriors®
- My/my spouse's employer will match my gift:  
Corporate Name: \_\_\_\_\_
- Matching Gift Form is enclosed     have applied for the matching gift electronically
- I have provided information on personal contacts I know would be interested in information on Hope For The Warriors® (please attach additional sheets if necessary):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list my name in donor recognition material as: \_\_\_\_\_

I am making my gift by  enclosed check     credit card     other: \_\_\_\_\_

Credit card type: V   MC   AMEX   DISC   Credit card number: \_\_\_\_\_    CVS # \_\_\_\_\_

Signature: \_\_\_\_\_    Exp. Date: \_\_\_\_\_

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Please mail the completed form, along with your tax-deductible contribution, to the following address:

**Hope For The Warriors®**  
 5101 C Backlick Road  
 Suite 200  
 Annandale, VA 22003