



## Donor Form

*Please be sure to fill out both pages completely.*

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

- \$100 - \$249 Friend of Liberty
- \$250 - \$499 Partner of Promise
- \$500 - \$999 Team of Heroes
- \$1000 - \$1499 Leader of Courage
- \$1500 - \$2499 Commanders of Spirit
- \$2500 - \$4999 Badge of Honor Society
- \$5000 - \$9999 Pillar of Strength Society
- \$10,000 and above Champion of Hope Society

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

\$ \_\_\_\_\_ for 2009

\$ \_\_\_\_\_ for 2010

\$ \_\_\_\_\_ for 2011 Please remind me in \_\_\_\_\_ (month) of each year.

Please direct my gift towards:  General Operating Funds  Immediate Needs Grants

- A Warrior's Wish™
- Wounded Warrior Regiment / Support Groups
- Warrior Hope & Care Center™
- Spouse Scholarships
- Hope & Moral Program
- Above & Beyond Professional Development

(Please contact us about naming opportunities in honor of or in memory of a loved one.)

Please record my gift...  in honor of...  in memory of...

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hope For The Warriors™ Donor Form (continued)

In an effort to further my support:

- I can identify other gifts in-kind resources or services and will provide that information.
- 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:

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

- Matching Gift Form is enclosed       I have applied for the Matching Gift electronically

- I have provided information on personal contacts I know would be interested in information in Hope For The Warriors™ (please attach additional sheets if necessary):

1. Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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

Credit card type and number: \_\_\_\_\_ Expiration: \_\_\_\_\_ 3 Digit Sec. Code: \_\_\_\_\_  
(found on the back of your card)

Signature: \_\_\_\_\_

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

**Hope For The Warriors**  
**PMB 48**  
**1335 Western Blvd., Suite E**  
**Jacksonville, NC 28546**

Please direct questions or comments to Robin Kelleher  
President/CEO  
[robin@hopeforthewarriors.org](mailto:robin@hopeforthewarriors.org)  
910-546-1050

*Hope for the Warriors™ is a civilian organization, with 501(c)(3) non-profit status, is not a government agency and is solely supported by the generosity of individuals, corporations, and foundations in support and appreciation of those who have sacrificed in the name of freedom. Federal Tax Id#20-5182295; Combined Federal Campaign CFC #27800*