



Achieving HOPE Pledge Form

Information on this form will not be released or shared with any other party.

In support of New Hope Services and the *Achieving HOPE* Campaign, and in consideration of the gifts of others, please accept this pledge of \$_____.

- Option 1:** A lump sum of \$_____ will be given on _____.
- Option 2:** An initial amount \$_____ will be given immediately. The remaining balance of \$_____ will be given on a (monthly / quarterly / annual) basis starting _____.
- Option 3:** I/We will give \$_____ per (month / quarter / year) over a three year period beginning _____.
- Option 4:** Other (please specify)

Please send me reminders on _____.

- New Hope Services recognizes its donors in specific publications but will never share specific donation amounts. I/we would like my/our name/s to be listed as follows: _____
- I/we wish to give anonymously
- I am employed by _____ and my gift will be matched by my employer.

Name/s _____
Signature _____
Address _____

Phone _____
Email _____

Please return to:
 Jayne Labes
 Development Office
 New Hope Services, Inc.
 725 Wall St.
 Jeffersonville, IN 47130
 (812) 288-8248 ext. 120
Thank you and please contact me if you have questions.

Thank you for your commitment to New Hope Services, a 501(c)(3) nonprofit organization. Donations are tax deductible as provided by law.