



# HOPE FOR THE WARRIORS®

## 2014 DONATION FORM

Please complete **both** pages.

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

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"/> | \$1,000   | Guardian of Courage         |
| <input type="checkbox"/> | \$1,500   | Believer of Dreams          |
| <input type="checkbox"/> | \$2,500   | Defender of Heroes          |
| <input type="checkbox"/> | \$5,000   | 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 2014  
 \$ \_\_\_\_\_ for 2015  
 \$ \_\_\_\_\_ for 2016

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

- Please direct my gift towards:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Clinical Health & Wellness  | <input type="checkbox"/> General Operating Funds | <input type="checkbox"/> Career Transition & Education  |
| <input type="checkbox"/> A Warrior's Wish®           | <input type="checkbox"/> Sports & Recreation     | <input type="checkbox"/> Community & Military Relations |
| <input type="checkbox"/> No Man Left Behind Monument | <input type="checkbox"/> Fishing Initiative      | <input type="checkbox"/> Paddy Brown/Werewolf Program   |

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 continued

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: \_\_\_\_\_

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: \_\_\_\_\_

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

### Hope For The Warriors®

5101C Backlick Rd

Annandale, VA 22003

Form revised 5/2014