



HOPE FOR THE WARRIORS®

2010 DONOR FORM

Please complete **both** pages.

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 Commander of Freedom
- \$1000 - \$1499 Leader of Courage
- \$1500 - \$2499 Believer of Possibility
- \$2500 - \$4999 Giver of Dreams
- \$5000 - \$9999 Champion of Dreams
- \$10,000 – \$24,000 Badge of Honor Society
- \$25,000 - \$49,999 Pillar of Strength Society
- \$50,000 - \$99,999 Champion of Hope Society
- \$100,000 and above Defender of Heroes Society

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

\$ _____ for 2011

\$ _____ for 2012

\$ _____ for 2013

Please remind me in _____ (month) of each year.

- Please direct my gift towards: Immediate Needs Grants Family Support Program
- A Warriors Wish® Spouse/Caregiver Scholarships** Hope & Morale Program
- Above & Beyond Program Outreach & Education Warrior Hope & Care Center Monument
- General Operating Funds

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

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 I 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®

PMB 48

1335 Suite E Western Blvd.

Jacksonville, NC 28546

National Locations:

South East Region

PMB 48

1335 Suite E Western Blvd

Jacksonville, NC 28546

North East Region

Building Management

55 Water Street

Manhattan, NY 10041

National Capital Region

5101 C Backlick Road

Suite 200

Annandale, VA 22003