



**Gift Intention Form**

Name(s): \_\_\_\_\_

- I am a past donor. Please use the information you have on file.

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

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

I/we want to invest in increasing access to premier psychiatric treatment and community education. I/we commit a total of \$ \_\_\_\_\_, payable over \_\_\_ years starting in \_\_\_\_\_.

- Please send an annual reminder for payment in (month) \_\_\_\_\_.

Gift comments: \_\_\_\_\_

Donor Publication Name (if different from above): \_\_\_\_\_

- I/we wish our gift to be Anonymous

This gift is made in Honor or Memory (please note) of: \_\_\_\_\_

If gift is in Honor or Memory, please send notification to:

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

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

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please make checks payable to HopeWay at the address below. Additional information about giving, including gifts of stock, can be found at [hopeway.org/donate](http://hopeway.org/donate). Questions? Please contact Emily Johnson at 980-859-2110 or Katie Harris at 980-859-2115.*