



GIFT INTENTION FORM

DONOR INFORMATION

Name(s): _____

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

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Donor Publication Name (if different from above): _____

☐ I/we wish our gift to be Anonymous

GIFT INFORMATION

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

☐ Please send an annual reminder for payment in (month) _____.

Gift comments: _____

This gift is made in Honor or Memory (circle one) of: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Return completed form to the Development Office at the address below or development@hopeway.org.

Gifts may be made via check payable to HopeWay or online at hopeway.org/donate. Additional information about giving, including gifts of stock, can be found on the website as well.

Questions? Please contact Emily McFarland at 980-859-2149 or Rachel Blake at 980-203-4617.