LETTER OF COMMITMENT

Donor/Company Name(s)_____

Corporate Contact to Receive Correspondence (if a corporate gift) _____

Address _____

City _____ State _____ Zip _____

Phone (Wk) ____-____-_____ (Cell) ____-____-_____ E-mail _____

PLEDGE INFORMATION

I/We pledge a total of: $_____ in support of the Challenged Athletes Foundation.

I wish to spread my donation over ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 year(s), beginning in _____/_____ (mo/year)

Gift Designation	2018	2019	2020	2021	2022	Total
25th Anniversary Campaign	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
	$	$	$	$	$	$
Total	$	$	$	$	$	$

Special Notes: _____

CONTRIBUTION METHOD

Please send pledge reminders ❑ Annually ❑ Semi-annually ❑ Quarterly beginning in ____/____ (mo/year)

I plan to make a contribution in the form of: ❑ Cash/Check ❑ Stock ❑ Credit Card ❑ Other_____

Credit Card Information: ❑ Visa ❑ Mastercard ❑ American Express

Credit Card # _____ Exp. Date _____ CVC _____

Charge on the following date(s): _____

My gift will be matched by _____ ❑ Company ❑ Foundation ❑ Family

ACKNOWLEDGEMENT

Please print your name as you would like it to appear in formal recognitions and/or publications:

_____

Named gift opportunity that interests you: _____

❑ I would like my gift to be anonymous and do not want my name listed for recognition.

_____ _____

Donor Signature Date

_____ _____

CAF Representative Date

NOTE: Donations are tax deductible to the extent allowed by the law. Questions regarding contributions should be referred to your tax advisor.

501(c) (3) Tax ID #33-0739596

Challenged Athletes Foundation ◆ 9591 Waples Street ◆ San Diego, CA 92121 ◆ (858) 866-0959