Courage to Grow Campaign

Gift Commitment Form

Thank you for giving us the courage to grow, meet our community's needs, and help transform the way people live with and move through cancer.

Your investment in the Courage to Grow Campaign will help ensure that individuals and families facing cancer have access to free, comprehensive support services for generations to come.

Donor Information

Name(s): _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Total Campaign Gift:

☐ $100,000
☐ $50,000
☐ $25,000
☐ $10,000
☐ $5,000
☐ $2,500
☐ Other: $_____

Payment Preference

I intend to fulfill my campaign gift through:

☐ One-time gift
☐ Monthly payments
☐ Quarterly payments
☐ Annual payments
☐ Other: _____

Beginning (Month/Year):

_____

Estimated completion date:

_____

Payment Method

☐ Check (payable to Erie Cancer Wellness Center)

☐ Credit Card- Complete on our website donation page-***eriecancerwellness.org***

☐ ACH / Electronic Transfer

☐ Donor-Advised Fund

☐ Qualified Charitable Distribution (IRA)

☐ Employer Match

☐ Other: _____

Recognition

Please recognize this gift as:

☐ I/We wish to remain anonymous.

Transformational Opportunities

☐ I am interested in discussing a naming opportunity.

☐ I am interested in discussing a legacy or endowment gift.

☐ Please contact me with additional information.

Additional Comments:

Donor Signature

I/we are honored to support the Courage to Grow Campaign and understand this form reflects my/our current charitable intention.

Signature: _____Date: _____

Co-Donor Signature (if applicable): _____

Date: _____

Thank you, your generosity is helping create a place where no one faces cancer alone.

Erie Cancer Wellness Center
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814-651-0920
Contact Jackie @ jwassel@eriecancerwellness.org
www.eriecancerwellness.org
The Erie Cancer Wellness Center is a registered 501(c)(3) nonprofit organization.
Tax ID: 84-4822101