



Commitment Form

A Capital Campaign for Cove Care Services



Donor Information

Name: _____

Organization: (if business, foundation, or church) _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Gift Information

In support of Building Hope Together, I/We commit to the following: \$ _____ **Total Gift**

Method of Giving *(Please check all that apply)*

☐ **Check** (Payable to Cove Care Services
360 Lanier Avenue East Fayetteville, GA 30214
memo: Building Hope Together)

☐ **Stocks / Bonds / Mutual Funds**
Please choose one: ☐ Please contact me
☐ My financial representative
will contact you

☐ **Employer Matching Gift \$** _____
Company Name: _____

☐ **Electronic Funds Transfer / Credit Card***
Visa, Mastercard, Discover, and AMEX are accepted online
at: <https://friendsofcovecare.com/give/>

☐ **ACH (Contact Cove Care Services)**

☐ **Qualified Charitable Distribution (IRA)**

☐ **Donor Advised Fund**

☐ **Other:** _____

Tribute Information

Make your gift a tribute: ☐ In Honor of ☐ In Memory Of Name: _____

Group Gift

If you're contributing as part of a group gift, please indicate the individuals, organization or group:

Recognition

☐ I/We are interested in a Naming Opportunity (A member of the campaign team will contact you.)

Please indicate how you would like your name listed:

☐ Please keep my/our gift anonymous.

Printed Name: _____

Signature(s): _____ Date: _____

Return Information

Please return this form to:
Cove Care Services
360 Lanier Avenue East
Fayetteville, GA 30214

For questions or contribution, please contact:
Contact Name: John, Director of Development
Email: Development@covecarega.com