Thank you so much for joining in with a gift in honor of our campaign.
We are thrilled that you have decided to embark on this journey with us.

Please fill out, sign and return this agreement as soon as you can to **Amy Rich Crane,** Executive Director.

Email to: arichcrane@reachforthetopnh.org
Mail to: Reach for the Top Therapy Services
61 Locus Street - Suite 321
Dover, NH 03820

CAMPAIGN DONATION AGREEMENT

This Charitable Donation Agreement is made and entered into as of _____ by and between _____and Reach for the Top Therapy Services, a charitable donation as described herein:

CAMPAIGN PLEDGE TOTAL: $_____

I plan to fulfill my pledge with [payment frequency]: ☐ One-time payment ☐ Monthly payments ☐ Quartly payments ☐ Semi-Annually payments ☐ Annually payments

I will complete my payments by: _____

I will plan to give through: ☐ Personal Check ☐ Online/Credit Card ☐ Donor-Advised Fund ☐ Family Foundation ☐ Corporation/Business ☐ Stock Transfer

The purpose of this Agreement is to set forth the terms and conditions pursuant to which the funder shall provide and the organization shall receive the Contribution. Recipient is seeking support for a capital campaign. The funder desires to support the Recipient through its Contribution. The parties have signed and thereby caused this Agreement to be effective from the date written above.
For tax purposes, please use our tax deductible number: 46-5617831 (EIN).

DONOR INFORMATION

Name	**Title**
Signature	**Date**

REACH LEADERSHIP INFORMATION

Name	**Title**
Signature	**Date**

Thank you for joining our Campaign. We look forward to the journey to come.