

Contributions to Helping Empower Adaptive Lives are deemed charitable under section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Please consult your accountant for any clarifications. Payments must be received before the end of the year to be eligible for a tax deduction in that year. There is no minimum contribution amount. Checks must be made payable to: Helping Empower Adaptive Lives. Checks made payable to other payees or multiple payees will be returned.

I. CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

First Name: _____
Last Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____
Preferred Phone: _____
Email: _____

I, _____ am committed to contribute financially to The Delta Research and Educational Foundation \$ _____ to the very best of my ability. _____ (Please Initial): _____

II. DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ \$100 _____ \$50 _____
\$25,000 _____ \$15,000 _____ \$10,000 _____ \$7,500 _____ Other _____

A REOCCURRING DONATION, AS FOLLOWS:

A sum of the \$ _____
Once Every: Month: _____ Quarter: _____ Year: _____
Amounting to a Total of \$ _____

III. PURPOSE

Unrestricted to H.E.A.L.: _____ In Honor of: _____
In Memory of: _____ Restricted for Other H.E.A.L. Purposes (Programs): _____

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IV. METHOD OF PAYMENT

_____ : Check Enclosed, Please make checks payable to “Helping Empower Adaptive Lives”

_____ : Please bill my Debit/Credit card:

Card Type: _____ Visa _____ Mastercard _____ American Express _____ Discover

Account Number: _____ Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

V. CERTIFICATION

I am aware and acknowledge that when making this gift and future gifts to H.E.A.L. or any of its funds, I am making it of my own free will and that once the asset is transferred it becomes the property of H.E.A.L. to be used for charitable and educational purposes as outlined by the H.E.A.L., subject to such approved donor restrictions as are permitted by law. I understand that unless approved in writing by H.E.A.L., my requests regarding the Foundation’s use of my contribution is a non-binding request and that “Helping Empower Adaptive Lives” Board of Directors makes all grant decisions at its sole and independent discretion, subject to applicable law and approved donor restrictions. I certify that if grants are distributed from my donation, they will not fulfill a pre-existing pledge. Further, neither I, nor any other individual, will receive any goods, services, or other private benefit from the organization as consideration for the amount of the contribution that is tax deductible. We will not share your personal information for marketing or promotional purposes with unaffiliated entities.

Please see Privacy Policy: <https://www.adapthealgrow.org/privacy-policy.html>

Authorized Signature: _____

Date: _____