

Sponsor Commitment Form

I commit to financially supporting New Hope's mission by donating:

- \$50 per month (\$600 annually)
- \$100 per month (\$1,200 annually)
- \$200 per month (\$2,400 annually)
- Other: _____

**Monthly Sponsor donations will be taken out the 18th of each month*

One Time Sponsorship:

I'd like to donate \$ _____ to sponsor an upcoming: Grief Program | Special Event

Name of program/event: _____

Sponsor Information

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

**please send a digital version of your logo to info@newhopecenter.net*

Payment Options (select one):

ACH (no fees):

Bank Name: _____

Routing Number: _____ Account Number: _____

**You can also send a check with this form*

Credit Card:

Visa ____ M/C ____ Amex ____ Discovery ____

Name on card: _____

Card number: _____ Expiration date: _____ CVV Code: _____

Signature: _____

Please return this form to: New Hope Center for Grief Support at:
145 N. Center St. Suite E., Northville, MI 48167
Attn: New Hope Sponsor