

## Commitment Form

I/we wish to support **A New Home for Families First** with a  Personal Gift  Corporate Gift.

Donor Name: *(please print)* \_\_\_\_\_

Mailing address: \_\_\_\_\_

Corporate contact person (if applicable): \_\_\_\_\_

Tel. number: \_\_\_\_\_  home  cell  office

Email address: \_\_\_\_\_

**For campaign donor recognition, I wish my name/company name to be listed as:** \_\_\_\_\_

I/we wish to remain anonymous for this campaign gift.

I/we are contributing a gift in the amount of \$ \_\_\_\_\_.

A check made payable to Families First is enclosed.

I/we pledge \$ \_\_\_\_\_ to the Campaign; payments to be made in the following installments:

Amount: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date of Payment: \_\_\_\_\_

By making this pledge, I/we are making a binding commitment to give the amount(s) specified, which pledge Greater Seacoast Community Health (d/b/a Families First Health & Support Center) accepts and will act in reliance upon to begin the projects and programs supported by the campaign. I/We intend that the terms will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of New Hampshire.

I/we plan to contribute by making a gift of stock in the amount of \$ \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Stock: \_\_\_\_\_

I/we intend to contribute by credit card for the amount of \$ \_\_\_\_\_  
Alternatively, an online gift can be made at **FamiliesFirstSeacoast.org/NewHome**.

Credit Card#: \_\_\_\_\_ CSV: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

This gift is:     in memory of     in honor of \_\_\_\_\_

Please notify: \_\_\_\_\_  
(Name, Address, City ST Zip)

My/our gift will be matched by: \_\_\_\_\_

Matching gift form:    enclosed    will be sent

**Please keep in mind:** As we pursue our new home, fundraising efforts for annual operations remains critical. We hope you will continue your annual support in addition to this extraordinary gift. *Thank you!*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return to:**

Joann Neumann, Development Director  
Families First Health & Support Center  
100 Campus Drive Suite 12  
Portsmouth, NH 03801

603.422.8208 x3144  
jneumann@familiesfirstseacoast.org

**FamiliesFirstSeacoast.org/NewHome**

Families First is a part of **Greater Seacoast Community Health**, a 501(c)(3) nonprofit organization. Tax ID# 02-0304203

*Delivering innovative, compassionate, integrated health services and support  
that are accessible to all in our community, regardless of ability to pay.*