



New Leaf Behavioral Health (NLBH)

a nonprofit mental health organization

Commitment to NLBH

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

My personal commitment to NLBH: \$ _____ **TOTAL**
(please do not include corporate matching gifts or grants from donor advised funds in this amount)

Initial Gift Amount \$ _____

Remaining Pledge Balance \$ _____

Potential Matching Gift \$ _____

Planned Gift Amount* \$ _____

**We will contact you for further details about your planned gift and how it benefits NLBH.*

Payment Option 1: Scheduled Pledge Reminders:

\$ _____ for _____ years, beginning _____ ending: _____

Please begin reminders in: _____ (month)/ _____ (year)

Remind me: (annually) (semiannually) (quarterly)

My initial payment is attached by check payable NLBH.

Please charge my first pledge payment today on the credit card listed below.

Payment Option 2: Monthly Recurring Pledge Payments:

I wish to fulfill my pledge through a monthly recurring payment method:

\$ _____ monthly beginning _____

Bank Draft — Please attach a voided check to this form.

Credit Card — Please complete the section below.

Credit Card Information:

Name as it appears on Card: _____

Card type: VISA M/Card AmEx Last 4-CC digits: _____ Exp Date: _____

Card Number: (must be entered by hand) _____

We follow strict Payment Card Industry Data Security Standard (PCI DSS)

Please see next page to designate the purpose of your support.

Purpose:

\$ _____ *Designated for* _____

\$ _____ *Designated for* _____

\$ _____ *Undesignated at this time with purpose to be determined later*

Publicity:

May we publicize your gift (i.e., websites, Social Media)? Yes No

Recognition:

I would like my spouse to receive recognition credit. _____
Name

Please list my/our names as follows: _____

I/we wish to remain anonymous for recognition.

Private Foundations and Donor Advised Funds:

IRS regulations prohibit a private foundation or a donor advised fund from making a gift toward the personal pledge of an individual. If you have a private foundation or donor advised fund and **may** make one or more gifts toward this commitment from it, please indicate below. A pledge can be made from a private foundation but the commitment form needs to be signed by an official of the foundation. Gifts from individuals can be made toward the pledge of a foundation, but not vice versa.

Yes I/We have a private foundation. Name: _____
Address: _____

Yes I/We have donor advised fund. Name: _____
Administrator: _____

Corporate Matching Gifts:

If you work for a company that has a matching gift program, you may be eligible to have your personal gift to NLBH matched. Corporate matching gifts are contributions from the corporation, and you will receive recognition credit for the amount of each matching gift received. Corporate matching gifts cannot be included in the amount of your personal pledge commitment to NLBH and cannot reduce your personal pledge.

I work for a company with a matching gift program. Name: _____

By signing below, I confirm the details of my commitment to NLBH and authorize the payment of such commitment as noted above.

SIGNATURE

DATE