



Florence Wald Champion Commitment Form

Thank you for your interest in becoming a Florence Wald Champion. To join this group of philanthropic leaders, please complete and sign this form and submit to the Hospice and Palliative Nurses Foundation (HPNF).



Your formal Florence Wald Champion gift agreement is determined by information you provide on this form, including your payment schedule. Should you choose, please seek independent legal and/or financial counsel for any advice regarding your Florence Wald Champion pledge.

Once this form is received by HPNF, your Florence Wald Champion gift agreement is prepared according to your preferences and sent to you to sign and return. The signed document is kept on file at HPNF, and a copy is returned to you for your records.

On behalf of the nurses we serve, we appreciate your generosity and investment in our mission.

Yes! I wish to become a Hospice and Palliative Nurses Foundation Florence Wald Champion with my pledge of \$10,000 payable over the next five years.

I wish to make payment on my pledge in the following manner:

- Monthly
Quarterly
Semi-annually
Annually
In full at the time I sign my letter of agreement
In full by (date)

At this time, I plan to make payments by (this may change at any time per donor preference):

- Credit card
Check
Recurring payment through my online banking
HPNF's 'donate now' button on the website
Other (please specify)

I would like payment reminders:

- Yes No

Last Name: First Name: Middle Initial:

Home Street Address:

City: State: Zip Code:

Cell phone: Email address:

Signature: Date:



Florence Wald Champion Gift Agreement

Recitals

I, _____ (hereinafter referred to as Donor"), of
_____ (address),

hereby agree to make a gift to the Hospice and Palliative Nurses Foundation ("HPNF") located at 400 Lydia Street, Suite 103, Carnegie, PA 15106.

I hereby assert that I am legally entitled to make this gift, being of sound mind, and that I choose to do so without any undue influence or coercion from other persons or organizations.

HPNF is a 501(c)(3) tax-exempt organization with a mission of supporting hospice and palliative research, education, and leadership development to advance expert nursing care. HPNF is empowered to obtain gifts of money and to hold, administer, manage, invest, and/or distribute gifts for this purpose.

As an organization described in the Internal Revenue Code Section 501(c)(3), the Internal Revenue Service has determined that gifts to HPNF should normally qualify as charitable contributions for purposes of federal income-tax calculations to the full extent of the law.

Agreement

In consideration of the Donor's provisions to HPNF, and HPNF's recognition of the Donor and acceptance of the ongoing management of the gift, the Donor promises to provide \$10,000, generally payable in _____ (number) increments of _____ (amount) by _____ (method) over a _____ (up to 5) year period. Donor will be recognized as a Florence Wald Champion for this gift. Further, Donor and HPNF agree that the purpose of gifts paid by the Donor to HPNF are unrestricted and to be used for general operating support and projects as determined by HPNF Board of Directors and implemented by HPNF staff, unless otherwise stipulated by Donor. Specifically:

1. This agreement may be modified at any time by the mutual written agreement of both parties.
2. This agreement and any amendments or modifications shall be construed in accordance with Pennsylvania law, and may be amended without donor consent, if necessary, for retention of HPNF tax-exempt 501(c)(3) status.
3. The Donor and HPNF recognize that should the Donor not fulfill the full terms of this agreement, Donor shall lose all recognition relative to this commitment and Donor shall not be entitled to a refund of the amounts donated by Donor.
4. The Donor has been advised by HPNF to seek independent legal and financial counsel relative to this agreement, and HPNF makes no representation about the tax consequences to the Donor in connection with this charitable gift.
5. HPNF enjoys the opportunity to show its appreciation for gifts. Donor agrees that HPNF may recognize Donor in its various publications and in its website donor listing, and any other avenue chosen by HPNF, unless the Donor indicates to HPNF that he or she wishes to remain anonymous. HPNF may send the



Donor invitations and recognition items. In the event that the Donor does not wish to receive such items from HPNF, he or she must inform HPNF.

6. The Donor will continue to receive recognition as long as the terms of the agreement are maintained by the Donor, unless Donor informs HPNF that his or her desire is otherwise.
7. The Foundation understands that sometimes the financial circumstances of Donors change. HPNF appreciates the opportunity to work with Donors to restructure pledges should the need arise. It is the Donor's responsibility to initiate this change by contacting HPNF, and HPNF reserves the right to suspend or terminate recognition of and/or benefits to the Donor within one year's time if the Donor falls significantly behind his/her commitment without amending the pledge terms of this agreement.
8. The Donor requests that he/she be recognized as follows (please print name as you would like it to appear) _____ . When credentials are used, please include the following until notified otherwise, (print credentials as you would like them to appear)
_____ .

Donor:

Name of Donor: _____

Signature of Donor _____ Date: _____

Witness:

(Witness not necessary if paid in full when commitment form is signed and submitted)

Name of Witness: _____

Signature of Witness: _____ Date: _____

Agreed To:

Name of CEO, HPNF: _____

Signature of CEO, HPNF: _____ Date: _____

~ Please remember HPNF in your will and estate planning ~

The official registration and financial information of Hospice and Palliative Nurses Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999; all others, 717-783-1720. Registration does not imply endorsement.