



CAPITAL CAMPAIGN GIFT AGREEMENT

DONOR CONTACT INFORMATION

Full Name(s) : _____
 Address : _____
 City, State, Zip : _____
 Phone Number : _____ E-Mail : _____

TOTAL GIFT DONATION
 \$ _____

*HCCA is a 501(c)3 nonprofit

Payment Schedule (please check one)

One Time Gift : _____

Pledge

YEAR	GIFT AMOUNT	PAYMENT FEQUENCY DETAILS
2023		
2024		
2025		

Payment Method (please check one)

I will attach or mail in a check(s) payable to HCCA

Charge my credit card for a one-time gift
Please Fill Account Info on Back

I will donate online at
www.hopecommunitychristianacademy.org/helping-hope

Cash

Electronic Transfer ACH (e-check)
Please Fill Account Info on Back

Charge my credit card or ACH for *recurring gift*
Please Fill Account Info on Back

I would like to make a donation via shares or stock

Tree of Hope Donor Recognition-

OPT OUT

BRONZE : _____
Name

SILVER : _____
Name or Honoree

GOLD : _____ Please see back side
Name or Honoree and Message

ROOTS : _____ Please see back side
Name or Honoree and Message

Donor Agreement

_____ Date: _____
Signature

More Information :

📍 115 Ute St. PO BOX 2103 Ignacio Co 81137

☎ +970.563.0692 (Office)

🌐 www.hopecommunitychristianacademy.org

THANK YOU

Payment Method (please check one)

Credit Card

*HCCA is charged a fee for Credit Card donations,
Please be mindful HCCA would benefit more from ACH

Electronic Transfer ACH (e-check)

Credit Card

Card #	
EXP	
ZIP	
Security Code	

Electronic Transfer-ACH

Bank/Branch Name	
Bank Account Number	
Bank Rounting Number	

Tree of Hope Donor Recognition-

BRONZE : _____
Name

SILVER : _____
Name or Honoree

GOLD : _____
Name or Honoree and Message

ROOTS : _____
Name or Honoree and Message
