



Adopt-A-Student Commitment Form

School Year 2018-2019

Yes, I/we want to support the Adopt-A-Student program during the 2018-2019 school year!

- Gold Level: \$3,000 per student. I/We wish to support _____ student(s) at this level.
- Silver Level: \$2,000 per student. I/We wish to support _____ student(s) at this level.

Total Commitment for School Year 2018-2019: \$ _____

Student/School Details

- I/We would like to continue supporting the student(s) I/we sponsored for the 2017-2018 school year, if possible.
- I/We would like to support a student(s) at the following school, if possible:
 - Annunciation St. Catherine of Siena
 - Assumption St. Francis de Sales
 - Guardian Angels St. Rose of Lima
 - Holy Trinity St. Therese
 - St. Bernadette Sts. Peter & Paul
- I/We would like to support a student wherever there is the greatest need.

Contact Information

Name(s) _____
Organization _____
City, State Zip _____
Phone _____ Email(s) _____

Payment Information

- I would like to pay now, in-full.**
 - Check enclosed, payable to Seeds of Hope.
 - Credit Card: Visa MasterCard
Account Number _____ Exp. Date _____ CVV Code _____
- I/We would like to make monthly or quarterly payments by check or credit card during the 2018-2019 school year.**
 - Check enclosed, payable to Seeds of Hope.
 - Credit Card: Visa MasterCard
Account Number _____ Exp. Date _____ CVV Code _____
Start date _____
- I/We prefer to make payment arrangements online. www.seedsofhopedenver.org/about-us/donate

Commitment Signature

Signature

Date

Thank you for your generous support! Please make checks payable to *Seeds of Hope*.
Return signed form to Seeds of Hope, 1300 S Steele ST, Denver, CO 80210 or gina.wilson@seedsofhopedenver.org
By May 11, 2018.