

PROJECT SUCCESS™

SUSTAIN

Support operations

- \$25,000 per year for 5 years \$10,000 per year for 5 years
- \$1,000* per year for 5 years \$_____ per year for _____ years
- \$_____

Total to **SUSTAIN** Project Success: \$ _____

INNOVATE

Support ongoing innovation

- \$25,000 per year for 5 years \$10,000 per year for 5 years
- \$1,000* per year for 5 years \$_____ per year for _____ years
- \$_____

Total to **INNOVATE** Project Success: \$ _____

*Donors of \$1000 and above become members of the Dreams to Action Annual Giving Society

COMPLETE FORM BELOW

Name (please print clearly)

Company/Organization

Address

City State Zip

Phone

Email address; please keep me informed.
(We won't abuse it!)

- CHECK:** Enclosed, made payable to Project Success
- CREDIT CARD:** Please charge my card:

Exp. ____ / ____ CVV: _____ (must have to process donation)
Signature: _____
- ONLINE:** I am making a donation of \$_____ at projectsuccess.org/donate

Please print my name in the donor list as follows:

- _____
- I wish to remain anonymous
- I am interested in volunteering
- Please contact me, I have other thoughts to share
- Please contact me, I would like to include Project Success in my estate plans

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE

- STOCK:** Contact me about paying my pledge with stock
- MATCH:** My company, _____, will match my gift
- DONOR ADVISED FUND:** I intend to recommend a grant from _____