HiTOPS
Promoting Adolescent Health & Well-being

Leadership Circle

Leadership Circle Application

Yes, we would like to join the Leadership Circle in order to build a sustainable support system for HiTOPS!

HiTOPS Guardian	**$10,000 or more per year**
HiTOPS Teacher	**$5,000 per year**
HiTOPS Advisor	**$2,500 per year**
HiTOPS Mentor	**$1,000 per year**

Name (as you would like it listed):

Company:

Address

City: State: Zip:

Business Phone: Business Fax: Business Email:

Home Phone Home Fax: Home Email:

[ ] Discover [ ] MasterCard [ ] Visa [ ] Check Enclosed (made payable to HiTOPS)

Credit Card Number _____ Expiration Date _____

My gift to HiTOPS will be: (please check one)

____ Monthly, please deduct my gift from my card each month
___ Quarterly, please deduct my gift each January, March, June and September
___ Annually, please deduct my gift from my credit card in _____
(Name of month)

Pledge will end on:	Each time, deduct:
_____	_____

Members of the Leadership Circle need to make a sustaining leadership gift for a minimum of 3 years!

____ My employer will match my gift. Enclosed are appropriate forms

____Please direct my gift to the HiTOPS endowment campaign

We are pleased to formally commit our pledge to the HiTOPS Leadership Circle. Should we wish to cancel or cease making this annual gift, we will notify HiTOPS in writing at least thirty days prior to our renewal.

While we cannot commit to this yearly leadership gift, please accept our donation of _____.

_____ _____ _____

Donor HiTOPS representative HiTOPS Executive Director/Date

Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215 and is available on the internet at www.state.ny.us/lps/ca/charfrm.htm. Registration with the Attorney General does not imply endorsement.

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