



GUARDIAN ANGELS ALLIANCE

GUARDIAN ANGELS ALLIANCE COMMITMENT FORM 2021

Dear Guardian Angel,

I want to take this opportunity to thank you for your commitment to joining our Guardian Angels Alliance! This initiative is the most vital strategic platform we have moving forward to sustain the momentum and impact of the Piper's Angels Foundation. Your contribution is celebrated as a foundational building block of the future of our organization.

The mission of the Guardian Angels Alliance is to provide long-term sustainable growth for the Piper's Angels Foundation by providing the necessary resources to achieve its goal of becoming the most impactful grassroots organization for cystic fibrosis in the world. Our ultimate vision is for the Guardian Angels Alliance to cover 100% of our operating expenses, so that 100% of our public fundraising dollars go directly to our programs, CF families, and partnered CF organizations.

Please fill out the basic information below and return to Tatiana Tims at Tatiana@pipersangels.org or Travis Suit at Travis@pipersangels.org. If you have any questions, you can call 561-246-0205.

FIRST NAME _____

LAST NAME _____

PHONE NUMBER _____

EMAIL _____

ADDRESS _____

DATE OF BIRTH _____

SHIRT SIZE _____

Personal and Confidential



GUARDIAN ANGELS ALLIANCE

LEVEL OF COMMITMENT (Select level):

- Platinum Guardian Angel: \$6,000+ per year / \$500+ per month
- Gold Guardian Angel: \$1,200+ per year / \$100+ per month
- Silver Guardian Angel: \$60-\$1,199 per year / \$5+ per month

Enter Annual Fund Gift: I pledge \$_____ per year.

LENGTH OF COMMITMENT

- 3 years
- 2 years
- 1 year

PAYMENT OPTIONS: *Please choose the payment frequency you prefer. Reminders will be emailed to you.*

- I would like to make my Annual Fund Gift in **One Payment.**
- I would like to make my Annual Fund Gift in **Four Quarterly Payments.**
- I would like to make my Annual Fund Gift in **Twelve Monthly Payments.**

I would like to select the following payment method:

Cash Amount _____

Check

- Make payable to: Piper's Angels Foundation
- Mail to: Piper's Angels Foundation, 11438 US HWY 1, Palm Beach Gardens, FL 33408
- Enclose with your signed Commitment Form

Wire Transfer (wiring instruction provided upon request)

Auto pay through Zelle (enter email or phone number attached to Zelle)

- Email attached to Zelle: _____
- Phone Number attached to Zelle: _____

Credit Card

- Name on Card _____
- Card # _____
- Exp. Date: _____ Security code _____
- Billing Address _____
- Cardholder Signature _____

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MATCHING GIFT OPTION: My employer offers a Matching Gift program.

Company Name: _____

All Guardian Angels committing to an Annual Fund Gift at any of the above levels will receive:

- Our Guardian Angels Alliance welcome and thank you packet.
- A custom gold plated Piper's Angels Foundation wings lapel pin.
- Recognition in our Annual Crossing For Cystic Fibrosis commemorative program.
- Recognition on our Guardian Angels Alliance engraved plaque at the Piper's Angels Foundation office.
- The first 100 donors giving at \$100 a month and above will be awarded a **Guardian Angel Alliance Founder Feather** on our donor wings at the Piper's Angels Foundation office; and a framed and signed handmade feather art piece by CF artist, and two-time double lung transplant recipient, Dylan Mortimer.



Thank you for your dedication to the Guardian Angels Alliance!

A confirmation of your commitment and a photocopy of this commitment form will be mailed to you.

Signature: _____

Date: _____

Personal and Confidential