



### Jacob's Shoes of Hope Commitment Form

A pair of shoes is priceless to a child who has none. A pair of shoes means a child can attend school prepared, play sports, participate in enrichment activities and walk with confidence and dignity. To ensure that every child has these opportunities, we have created this special group, **Jacob's Shoes of Hope**

I/We wish to commit to **Jacob's Shoes of Hope**

I/We wish to pay for Jacob's Shoes of Hope \$6,000 gift by making:

One single gift of \$6,000.00       Annual recurring payments of \$1,200.00 for 5 years

Quarterly recurring payments of \$300.00 per quarter for 5 years

Monthly recurring payments of \$100.00 (\$1200.00 annually) for 5 years

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address(es): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Payment Method.       Credit Card       Check (Payable to In Jacob's Shoes)

Cardholder Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorized Charge Amount: \$ \_\_\_\_\_ Frequency of Charge \_\_\_\_\_

Upon receipt of your initial \$1,200.00 payment, your name will be listed as a **Jacob's Shoes of Hope Hero** on our website, newsletters, and other PR.      **Do we have permission to list your name PR?      Y or N**

Name as you would like to be listed \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your kindness and generosity!***

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**The Jacob S. Zweig Foundation, Inc. DBA In Jacob's Shoes®**  
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