LOVE FOUNDATION

Building Hope. Strengthening Lives.

Love Foundation LEGACY SCHOLARSHIP PROGRAM

One Program. Many Legacies. Lasting Impact.

Your generosity provides hope and opportunities for grandparents raising their grandchildren after the homicide of their child.

Honor a Life. Change a Future.

EVERY GIFT TELLS A FAMILY THEY ARE NOT ALONE.

PROTECT Providing safety and stability.

EMPOWER Offering resources, support, and hope.

INSPIRE Creating brighter futures together.

Thank You for being part of a legacy that lives on.

1 DONOR INFORMATION

Individual / Business / Organization Name _____

Contact Person (if business/organization) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

2 MY GIFT

I would like to support the Love Foundation Legacy Scholarship Program.

- ☐ $100
- ☐ $250
- ☐ $500
- ☐ $1,000
- ☐ $2,500
- ☐ $5,000
- ☐ $10,000
- ☐ Other $ _____

This gift is a:

- ☐ Personal Donation
- ☐ Business Donation
- ☐ Family Donation
- ☐ Church Donation
- ☐ Organization Donation

3 DEDICATION (OPTIONAL)

I would like my donation made: ☐ In Memory Of ☐ In Honor Of

Name of Person _____

Relationship _____

Please tell us why you chose to honor this person (optional)

Your dedication will be recognized as part of the Love Foundation Legacy Scholarship Program.

4 RECOGNITION PREFERENCE

Please select one:

- ☐ Recognize my name publicly.
- ☐ Recognize my business / organization.
- ☐ Recognize only the dedication.
- ☐ Please keep my donation anonymous.

5 PAYMENT METHOD

Please select one:

- ☐ Check (Payable to Love Foundation)
- ☐ Credit Card
- ☐ ACH / Bank Transfer
- ☐ Online Donation
- ☐ Cash
- ☐ Other _____

Your Legacy. Their Future.

Your generosity does more than provide financial assistance—it creates hope, stability, and opportunity for children who have experienced unimaginable loss. Together, we can break cycles and build brighter futures.

Thank you for making a difference.

6 I WOULD LIKE TO HELP IN OTHER WAYS

Please check all that apply:

- ☐ Volunteer
- ☐ Sponsor a future event
- ☐ Learn about planned giving
- ☐ Corporate Sponsorship Opportunities
- ☐ Host a fundraiser
- ☐ Receive our newsletter
- ☐ I would like someone to contact me.

7 A MESSAGE OF HOPE (OPTIONAL)

You may share a message of encouragement or hope for the recipients.

8 DONOR COMMITMENT

I understand that my contribution will be used to support the Love Foundation Legacy Scholarship Program and its mission of assisting grandparents raising grandchildren after the homicide of their child.

Signature _____

Printed Name _____

Date _____

Let's Stay Connected!

We would love to keep you informed about the impact of your gift.

☐ Yes! Add me to the Love Foundation mailing list.

FOR LOVE FOUNDATION USE ONLY

Date Received _____ Amount _____ Receipt # _____

Acknowledgment Sent ☐ Yes ☐ No Processed By _____

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