



**GIFT COMMITMENT**

Would you partner with us as we expand our reach, increase our impact, and sustain our mission? Please fill out this form with your donation commitment and return to Little Lights.

email: shine@littleglights.org  
mail: 760 7th St, SE  
Washington, DC 20003

**DONOR CONTACT INFO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TOTAL CAMPAIGN DONATION:**

\$ \_\_\_\_\_

*All donations \$1,000 + will be recognized online and at the new building.*

I would like my donation to be anonymous.

**PAYMENT SCHEDULE:**

Year:	Gift Amount:	Frequency: (monthly, annually)
2024		
2025		
2026		

**PAYMENT METHOD:**

- I will mail a check(s) to Little Lights, 760 7th St, SE, Washington, DC 20003
- I will donate online at [www.littleglights.org/shine/](http://www.littleglights.org/shine/)
- I will make a stock donation (info at [www.littleglights.org/stocks](http://www.littleglights.org/stocks))
- Charge my credit card according to the payment schedule above

**BILLING INFO:**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**DONOR AGREEMENT:**

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