



## Contribution Commitment Form

Date of Commitment: \_\_\_\_\_

### DONOR INFORMATION

Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTRIBUTION INFORMATION

I/We would like to support The Center with:

- One-Time Gift Total: \$ \_\_\_\_\_
- Commit2 Pledge:** Provide information for each payment in 2026 and in 2027
  - 2026: \$ \_\_\_\_\_ Approximate date(s): \_\_\_\_\_, 2026
  - 2027: \$ \_\_\_\_\_ Approximate date(s): \_\_\_\_\_, 2027

A gift of \_\_\_\_\_ shares of \_\_\_\_\_  
*(Name of Security)*

My company will match my gift. Company name: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### PAYMENT FREQUENCY

- One-time
- Intallments    Monthly    Quarterly
- Other \_\_\_\_\_

### PAYMENT OPTIONS

- Pay by check *(Payable to The Center)*
- Pay with Donor Advised Funds or wire transfer/ACH *(The Center will provide information)*
- Pay by credit card *(Please complete the credit card information below)*
  - Visa    MasterCard    American Express

Credit Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Security Code: \_\_\_\_\_



**RECOGNITION INFORMATION**

- Donor name(s) to be used for recognition: \_\_\_\_\_
- I would like my gift to remain anonymous.
- I/We  grant  do not grant permission for my/our names to be listed in various reports and acknowledgement publications.
- My/Our gift is in  honor or  memory of:

Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*Donor(s) Signature*

\_\_\_\_\_  
*Date*

**Thank you for your support!**  
Please return this completed form to:

Dr. Brad Schwall via email:  
[bschwall@thecentercounseling.org](mailto:bschwall@thecentercounseling.org)

Or via mail:  
Dr. Brad Schwall  
The Center for Integrative Counseling and Psychology  
4305 MacArthur Ave.  
Dallas, TX 75209

*The Center is an IRS approved 501(c)(3). All contributions are tax-deductible.*