



## Capital Campaign Pledge Form



### Trust in Providence Endowment Fund

#### Donor Information

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

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Pledge Information:** I/We are pleased to support the **TRUST IN PROVIDENCE ENDOWMENT FUND** of **HOPE HOUSE MINISTRIES** with a total pledge of:

☐ I/We wish to make a gift now. Total Pledge Amount: \$ \_\_\_\_\_

☐ In installments over: ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

☐ Other: \_\_\_\_\_

#### Suggested Payment Schedule (optional):

Initial Payment: \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Installments of \$ \_\_\_\_\_ to begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ I/We intend to include a gift to Hope House Ministries in my/our estate plans.

Estimated amount of planned bequest: \$ \_\_\_\_\_

☐ Will or Living Trust

☐ Retirement Plan or Life Insurance Beneficiary

☐ Other: \_\_\_\_\_

☐ I/We would like to do both – make a gift now and include Hope House Ministries in our estate plans.

This pledge is a statement of intent and may be modified at any time. Please consult your financial advisor or attorney for estate planning advice.

**Signature(s)** I/We understand this pledge may be fulfilled through a variety of means including cash, stock gifts, donor-advised funds, or other charitable giving vehicles.

This pledge is a statement of our intent and may be modified if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

#### Please return this form to the:

Development Office, Hope House Ministries,  
1217 Main Street, Port Jefferson, NY 11777

For more information,

Email: hhmdevelop@optonline.net or Call 631-473-8796

www.hhm.org



## Capital Campaign Pledge Form



### Friary Expansion

#### Donor Information

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

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Pledge Information:** I/We are pleased to support the **FRIARY EXPANSION** of **HOPE HOUSE MINISTRIES** with a total pledge of:

Total Pledge Amount: \$ \_\_\_\_\_

I/We intend to fulfill this pledge over a period of:

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ Other: \_\_\_\_\_

#### Suggested Payment Schedule (optional):

Initial Payment: \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual/Quarterly/Monthly Installments of \$ \_\_\_\_\_

starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Final Payment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ My/Our gift will be matched by:

(Matching gift forms will be submitted by donor.)

#### Gift Designation

☐ Please direct my gift to the following area of the campaign:

\_\_\_\_\_

☐ Please use my gift where it is most needed.

#### Recognition

☐ I/We would like to be listed in campaign materials as:

\_\_\_\_\_

☐ I/We wish to remain anonymous.

**Signature(s)** I/We understand this pledge may be fulfilled through a variety of means including cash, stock gifts, donor-advised funds, or other charitable giving vehicles. This pledge is a statement of our intent and may be modified if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Please return this form to the:** Development Office,  
Hope House Ministries, 1217 Main Street, Port Jefferson, NY 11777  
For more information, Email: hhmdevelop@optonline.net  
or Call 631-473-8796 • www.hhm.org



## Capital Campaign Pledge Form



### Staff Infrastructure

#### Donor Information

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

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Pledge Information:** I/We are pleased to support the **STAFF INFRASTRUCTURE** of **HOPE HOUSE MINISTRIES** with a total pledge of:

Total Pledge Amount: \$ \_\_\_\_\_

I/We intend to fulfill this pledge over a period of:

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ Other: \_\_\_\_\_

#### Suggested Payment Schedule (optional):

Initial Payment: \$ \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual/Quarterly/Monthly Installments of \$ \_\_\_\_\_

starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Final Payment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ My/Our gift will be matched by:

(Matching gift forms will be submitted by donor.)

#### Gift Designation

☐ Please direct my gift to the following area of the campaign:

\_\_\_\_\_

☐ Please use my gift where it is most needed.

#### Recognition

☐ I/We would like to be listed in campaign materials as:

\_\_\_\_\_

☐ I/We wish to remain anonymous.

**Signature(s)** I/We understand this pledge may be fulfilled through a variety of means including cash, stock gifts, donor-advised funds, or other charitable giving vehicles. This pledge is a statement of our intent and may be modified if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Please return this form to the:** Development Office,  
Hope House Ministries, 1217 Main Street, Port Jefferson, NY 11777  
For more information, Email: hhmdevelop@optonline.net  
or Call 631-473-8796 • www.hhm.org

## *Your Dollars at Work*

### Annual Budget

**\$6,389,000**

# of recipients receiving housing and  
processional counseling/  
therapy sessions annually . . . . . **300 plus**

Percentage of those receiving case  
management services in all programs . . . . . **96%**

# of individuals ending their  
homelessness in a year . . . . . **200 plus**

Success rate for those moving into  
permanent housing . . . . . **96%**

# of meals provided annually to  
those in need. . . . . **150,000 plus**

Percentage of residents annually  
receiving dental services . . . . . **67%**

Percentage of women served annually  
by Hope House Ministries programs. . . . . **27%**

# of those attending middle school,  
secondary school, college or  
continuing education classes annually. . . **25 plus**

# of Volunteers providing over 20,100  
hours of time and talent for an  
estimated value of . . . . . **\$673,149**

In-Kind dollars (Independent Sector 2025)



## *Your Dollars at Work*

### Annual Budget

**\$6,389,000**

# of recipients receiving housing and  
processional counseling/  
therapy sessions annually . . . . . **300 plus**

Percentage of those receiving case  
management services in all programs . . . . . **96%**

# of individuals ending their  
homelessness in a year . . . . . **200 plus**

Success rate for those moving into  
permanent housing . . . . . **96%**

# of meals provided annually to  
those in need. . . . . **150,000 plus**

Percentage of residents annually  
receiving dental services . . . . . **67%**

Percentage of women served annually  
by Hope House Ministries programs. . . . . **27%**

# of those attending middle school,  
secondary school, college or  
continuing education classes annually. . . **25 plus**

# of Volunteers providing over 20,100  
hours of time and talent for an  
estimated value of . . . . . **\$673,149**

In-Kind dollars (Independent Sector 2025)



## *Your Dollars at Work*

### Annual Budget

**\$6,389,000**

# of recipients receiving housing and  
processional counseling/  
therapy sessions annually . . . . . **300 plus**

Percentage of those receiving case  
management services in all programs . . . . . **96%**

# of individuals ending their  
homelessness in a year . . . . . **200 plus**

Success rate for those moving into  
permanent housing . . . . . **96%**

# of meals provided annually to  
those in need. . . . . **150,000 plus**

Percentage of residents annually  
receiving dental services . . . . . **67%**

Percentage of women served annually  
by Hope House Ministries programs. . . . . **27%**

# of those attending middle school,  
secondary school, college or  
continuing education classes annually. . . **25 plus**

# of Volunteers providing over 20,100  
hours of time and talent for an  
estimated value of . . . . . **\$673,149**

In-Kind dollars (Independent Sector 2025)

