

# INVESTMENT COMMITMENT FORM

## 1 COMMITMENT AMOUNT & PAYMENT SCHEDULE

To drive sustainable economic growth and shared prosperity for all in the Greater Grand Rapids Region, I hereby authorize this pledge of support to The Right Place, Inc., and its strategic initiatives.

This total pledge of \$ \_\_\_\_\_ will be paid over \_\_\_\_\_ years beginning in \_\_\_\_\_.  
(Year)

### YEARLY PAYMENT

Year 3: \$ \_\_\_\_\_

Year 1: \$ \_\_\_\_\_ Year 4: \$ \_\_\_\_\_

Year 2: \$ \_\_\_\_\_ Year 5: \$ \_\_\_\_\_

### INVOICING

☐ Annually \_\_\_\_\_

(Enter preferred month of payment in space provided)

OR

☐ Semi-annually

☐ January/July

☐ April/October

## 2 TAX INFORMATION

Payments in support of The Right Place, Inc. can be made payable to either of two organizations, both of which provide unrestricted support for current activities.

### ☐ The Right Place, Inc.

The Right Place, Inc. has been approved as an IRS Section 501 (c) (6) entity. As such, donors may not deduct charitable contributions made directly to The Right Place, Inc.

### ☐ The Right Place Foundation\*

The Right Place Foundation was incorporated for the purpose of receiving funds exclusively for charitable purposes as defined by IRS Section 501 (c) (3). The Foundation's sole member is The Right Place, Inc. Payments to The Right Place Foundation are deductible as a charitable contribution. \*Check MUST be made payable to The Right Place Foundation.

## 3 COMPANY / CONTACT INFORMATION

Company: \_\_\_\_\_ Industry: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## 4 ACKNOWLEDGEMENT WAIVER & SIGNATURE

Public Acknowledgement: I/we request that our investment **not** be recognized in newsletters, social media, and on the Right Place website. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Primary Signature

\_\_\_\_\_  
Date

**Questions?** Contact Emily Mace at [macee@rightplace.org](mailto:macee@rightplace.org) or 616.771.0325

