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www.ivcinfo.org

## ANNUAL COMMITMENT FORM

PASTOR/DIRECTOR: \_\_\_\_\_

CONGREGATION/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

• **Financial Commitment:**

In order to provide assistance for our frail older and disabled neighbors, as well as meaningful opportunities for members of our community to live out their faith, we pledge the following financial support to the Interfaith Volunteer Caregivers:

The total annual sum of: \_\_\_\_\_ ,

to be paid in \_\_\_\_\_ installments of \_\_\_\_\_ .  
(monthly, quarterly, annual, etc.)

**(\*\* ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS ALLOWED BY LAW\*\*)**

• **Other Ways We Can Support the Mission of IVC:**

**In-Kind Contribution:** \_\_\_\_\_ **Estimated Value:** \_\_\_\_\_  
(Examples: supplies, printing, equipment, professional services, etc.)

**Board & Committee Membership:**

(If you might be interested in Board or Committee Membership, or if you can recommend someone else, please indicate this below.)

Board of Directors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Finance Committee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Community Relations Committee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Events Committee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteers Committee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Congregation Liaisons:**

We are interested in developing the IVC program within our own congregation, and would like some more information. Please contact: \_\_\_\_\_ at \_\_\_\_\_

Please circle one:

We **(do/do not)** provide consent to list our name as a supporting member of the Interfaith Volunteer Caregivers program on brochures and other program materials.

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

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