



Voices of Hope Academic Scholarship 2021 Donor Commitment Form



Please provide donor information:

Company/Foundation Name (If Applicable):

Donor/Contact Person Name:

Contact Phone:

Contact Email:

Address:

City:

State:

Zip:

TERMS & CONDITIONS: My signature indicates my understanding of the *Voices of Hope Academic Scholarship* donor benefits as identified in the *Voices of Hope Frequently Asked Questions (FAQ's)* document. I reviewed and agree to the Donor Release and Consent, located on the second page of this document. *Named scholarship requires a minimum donation of \$3,000 USD per academic year and scholarship names are subject to SBTF approval. I attest that I am not prohibited from using this individual's name, within this Named Scholarship.

Please apply my tax-deductible donation of \$_____ toward:

- 2021 *Voices of Hope Academic Scholarship General Campaign*
- 2021 Named Scholarship*

Titled: _____

Method of Payment (Please check one)

- Check made payable to the *Southeastern Brain Tumor Foundation*, and mailed to 5400 Glenridge Drive, NE, #422471, Atlanta, GA 30342.
- Stock distribution gift. SBTF will forward distribution instructions.
- [Pay by credit card or Electronic Check](#). If donation made is via credit card, please consider increasing your donation by 3.0% to cover our CC processing fees. (support.sbtbf.org/VOH)

Voices of Hope Academic Scholarship Donor Release and Consent

I individually or as a legal representative of the donor (**please initial one of these options**):

1. Wish my donation to remain anonymous on any and all public facing platforms, websites, or marketing collaterals. _____ (donor initials)

2. I irrevocably and perpetually license, permit and authorize the Southeastern Brain Tumor Foundation, Inc. (SBTF), its officers, directors, agents, affiliates, representatives, assigns, partners, and any others acting with SBTF, to use my name and likeness (collectively "likeness") related to my Voices of Hope Academic Scholarship donation. This includes, but is not limited to marketing, fundraising, education, and community visibility pertaining to the SBTF *Voices of Hope Academic Scholarship*. My likeness may be used in any medium including, but not limited to print and electronic, and may be posted on the Internet, websites including the SBTF website, and social media sites including, but not limited to Facebook, Instagram, and Twitter. _____ (donor initials)

In addition, I waive the right to inspect or approve any and all materials related to or regarding my *Voices of Hope Academic Scholarship* donation, in the form of written or electronic copy and including those in which my likeness appears. I waive any right to royalties or other compensation arising or related to the use of my likeness. I hereby hold harmless and release and forever discharge the Southeastern Brain Tumor Foundation, Inc. from any and all claims, demands, liability and causes of action, including but not limited to claims for invasion of privacy, defamation of character, or any alteration distortion or illusionary effect related to or arising out of my *Voices of Hope Academic Scholarship* donation, use of or reference to my likeness, or this release and consent that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may bring. I represent and warrant that I am authorized to enter into this release and consent on behalf of myself and, if applicable, the company listed below.

Printed Name: _____
Signature: _____
Title: _____
Company Name
(if Applicable) _____
Date: _____

Submit this completed form by one of the two methods listed below:

Mail: Southeastern Brain Tumor Foundation, 5400 Glenridge Drive, NE #422471, Atlanta, GA 30342

Email: Joy Basham at scholarships@sbtf.org