



Voices of Hope Academic Scholarship 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 identified in the *Voices of Hope FAQs for Donors* document. I agree to the Donor Release and Consent, located on the second page of this document.

*A 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:

- Voices of Hope Academic Scholarship General Campaign*
- 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 a donation is made via credit card, please consider increasing your donation by the indicated percentage to cover our CC processing fees.

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. I wish my donation to remain anonymous on any and all public-facing platforms, websites, or marketing collateral. _____ (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, which 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 media. It 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 a written or electronic copy, 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.