



Pledge of Support to the Challenge Aspen Endowment Initiative for Limitless Futures

To advance the mission of Challenge Aspen, I/we commit an investment of \$_____ to the Challenge Aspen Endowment Fund. I/we understand the purpose of the Challenge Aspen Endowment Fund is to provide unrestricted operating support to Challenge Aspen in perpetuity. The terms of my/our gift are outlined below.

1. Gift Commitment

This gift is pledged to be completed over _____ years, beginning on _____, a total gift amount of \$_____.

2. Payment Schedule

The Donor agrees to fulfill donations according to the following schedule:

	Year	Amount	On or Before Date
First Payment	2026		December 31 st , 2026
Second Payment	2027		December 31 st , 2027
Third Payment	2028		December 31 st , 2028

3. Payment Methods

Installments will be completed: Monthly Semi-Annually Annually

Payments will be made via: Cash/Check Credit Card Stock

Other method (Please describe): _____

My/our gift will be matched by: _____

(company name)



4. Recognition

Challenge Aspen agrees to recognize the Donor's generosity through appropriate channels unless the Donor prefers to remain anonymous. Please indicate preference below:

_____Public Recognition

_____Anonymous

Please **PRINT** how you would like your name(s) to appear in printed recognition materials.

5. Administration

The Challenge Aspen Endowment Fund shall be managed in accordance with the laws of the State of Colorado, the provisions of this Agreement, and Challenge Aspen's By-laws and Distribution and Endowment Policies.

The assets of the Challenge Aspen Endowment Fund will be managed and invested in accordance with Challenge Aspen's Investment policy and procedures.

Challenge Aspen must use annual earnings distributions in compliance with Challenge Aspen's policies and procedures and with all State and Federal laws including those governing a non-profit organization. Annual earnings distributions shall be allocated to Challenge Aspen following the close of the calendar year and following approval by Challenge Aspen's Board of Directors.

Once the fund is generating income, Challenge Aspen will provide the Donor with an annual report on the use of the fund at the conclusion of each fiscal year.

6. Signatures:

Donor Name(s): _____

Address: _____

Phone/Email: _____



Signature: _____ **Date:** _____
Donor Name(s), Title, Date

Signature: _____ **Date:** _____
Challenge Aspen Representative Name, Title, Date