

## **COMMITMENT FORM**

Full Name (s)				
Organization Name (if applicable)				
Street				
City	State		Zip	
Phone	Email Address			
Habitat Connection				
Name(s) as it/they should appear in	recognition materials. Write Anonymous	, if applicable		
Signature	I	Date		
THIS IS A: Pers	onal Gift 🔲 Company	Gift	Founda	tion Gift
GIFT & COMMITM	MENTS			
_	ke checks payable to Greater Lycoming Habita			-
Other				SCAN TO
□ My/Our contribution will b □ Monthly □ Instal		One time gif	t	
□ I/We will begin giving in	/(mo/yr).			ÖK SE
□ I/We are interested in naming opportunities. Please contact me/us.				DONATE
RETURN FORM T	O: Greater Lycoming Habitat for	r Humanity		

Greater Lycoming Habitat for Humanity 335 Rose Street • Williamsport, PA 17701 contactus@lycominghabitat.org • 570-322-2515