



MISSION STATEMENT: *Welague Global Healing Network Inc. is a nonprofit organization dedicated to promoting mental, emotional, spiritual, and community healing through trauma-informed, faith-sensitive, and culturally responsive services.*

DONOR INTEREST & COMMITMENT FORM

1. DONOR INFORMATION

Individual / Organization Name

Contact Person (if applicable)

Phone Number

Email Address

Mailing Address:

2. DONOR TYPE

- Individual Foundation Corporate
- Faith-Based Organization Anonymous

3. DONATION PREFERENCE

- One-Time Donation Monthly Donation
- Annual Donation In-Kind Donation (Goods or Services)

4. AREA OF SUPPORT (Optional)

- Mental Health & Therapy Services Trauma Recovery Programs
- Youth & Family Support Internship & Workforce Development
- Community Outreach Faith-Based Mental Health Initiatives
- General Operations / Where Needed Most

5. RECOGNITION PREFERENCE

- Mental Health & Therapy Services -
- Youth & Family Support -
- Community Outreach

6. DONOR MESSAGE (Optional)

8. DONOR CONSENT

I understand that my contribution supports the mission of Welague Global Healing Network Inc. and may be tax-deductible to the extent allowed by law.

Signature:

Date: