

Make a Pledge, Shape the Mission



The Chronic Pain Relief Foundation is forming a 501(c)(3) nonprofit organization dedicated to healing body, mind, and spirit. We're inviting early supporters to pledge their 2026 donation to help launch this life-changing work. No funds are collected at this time. Your pledge shows your commitment and helps us plan impactfully.

Supporter Information

Name: _____
Address: _____
Phone: _____
Email: _____

Support Type: Donor Sponsor Partner Benefactor Volunteer

Pledge Details

One-time gift: Amount - _____
 Multi-year pledge: Amount Per Donation - _____ Frequency: _____

Purpose/Designation (if any)

General Support
 Scholarships & Participant Support
 Retreat Program Sponsor
 Other: _____

Payment Timing

Pay on incorporation and final IRS approval
 Pay on/after: _____
 Installment Payments To Start: _____

Recognition Preference

Please list me/us publicly as a donor
 I/we prefer to remain anonymous

Supporter Acknowledgement – Please Read Carefully

I/we understand that the Chronic Pain Relief Foundation is currently in the pre-incorporation phase and is in the process of securing its IRS 501(c)(3) status. Charitable tax deductibility of this pledge is contingent upon final approval. All donor pledges are expressions of intent and no funds will be accepted until our 501(c)(3) status is filed and confirmed. We are committed to full transparency and compliance with federal and state regulations. An official receipt will be issued once designation is confirmed.

Donor Signature: _____ Date: _____

Authorized Representative: _____ Date: _____

For-Profit Service Provider Organizations

The Chronic Pain Relief Foundation is a 501(c)(3) nonprofit organization dedicated to community-based chronic pain retreats, education, and outreach. To support our mission, we may collaborate with mission-aligned for-profit service providers who offer tools, expertise, or services that directly benefit our nonprofit programs.

If your organization is interested in a service-based partnership that supports recovery, outreach, logistics, or access, please describe your offering. All partnerships are reviewed to ensure alignment with our charitable mission. Commercial promotion is not permitted.

Organization Name: _____ Contact: _____ Phone: _____

Describe offering: _____

Return Completed Pledge Form To: Support@healedpain.org