Board of Directors 2015 Individual Commitment Form

Thank you for your commitment to OUR ORGANIZATION. The purpose of the Individual Commitment Form is to:

- guide your annual development plan
- identify areas of interest in terms of board leadership, committee assignments and program activities
- confirm your personal gift through your pledge.

This will allow us to start the fiscal year with 100% board commitment of time, talent and treasure. The planning will ensure we are fully functioning and poised to maximize our success in the coming year.

We ask that you complete this form prior to the retreat to ensure our time together is well spent. We hope each board member will realistically assess opportunities and fulfill your commitments to the best of your ability.

Personal Pledge

My personal donation for 20XX: \$

THANK YOU for your personal financial support of OUR ORGANIZATION. Each board member, as a requirement to serve, must make an annual gift of at least \$XXX to ensure we have demonstrated 100% board commitment. Please consider what gift amount is personally significant to you.

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| I anticipate making this gift by:MONTH/YEAR |
| *Note: This is your personal, individual contribution to OUR ORGANIZATION and does not |
| include any event tickets, sponsorships, etc. you might purchase or provide during the year. |
| Pledges should be paid by SPECIFIC DATE THAT WORKS FOR ORGANIZATION. |
| My company will match this amount: \$OR % |
| *A great way to ensure OUR ORGANIZATION's long term success is to include OUR |
| ORGANIZATION in your estate planning. Please let us know if you need any assistance or have |
| already done so. |

| Please complete the following sections: | | | | | |
|--|---|-------------------------------------|--|--|--|
| Personal Mission Statement: "As a Board member my mission is to | | | | | |
| | | | | | |
| | | | | | |
| Leadership Goal: I am interested in serving the organization in the following leadership roles | | | | | |
| | | | | | |
| Which Board committees will you actively serve on this year? | | | | | |
| | Committees | Time commitment (average per month) | | | |
| | Development Committee | | | | |
| | Finance Committee | | | | |
| | Policy & Program Committee | | | | |
| | Governance | | | | |
| | nique Committee Contributions I plan to n g. use special skill, engage personal netw | | | | |
| | | | | | |

Fundraising Goal:

Each Board member is asked to attend and participate in at least 3 events each year. Please use events as an opportunity to invite friends, colleagues and others to learn about OUR ORGANIZATION and meet others involved with OUR ORGANIZATION.

| Which fundraising/program events will you participate in □ NAME OF EVENT (DATE) □ NAME OF EVENT (DATE) □ NAME OF EVENT (DATE) | this year? |
|--|---|
| Name people/institutions you will engage and from whom of the organization this year: | n you will solicit a donation on behalf |
| Name | Projected Date & Amount |
| | |
| Relationship Management: I will manage the following current donor/stakeholder relationship assume responsibility for cultivating and stewarding the relationship and stewarding the relation | |
| My Elevator Speech: What the organization does that really impresses me | |
| Why I care about the success of the organization | |
| How I am personally connected to the organization's area | of service |

| OTHER |
|---|
| What ideas do you have for other ways in which you can use your time, talents and/or resources to benefit OUR ORGANIZATION and advance our mission? |
| What are two things OUR ORGANIZATION can do to improve as an organization? |
| How can OUR ORGANIZATION improve Board meetings? |
| How can we improve orientation/training for new Board members? |
| |

Adapted with permission from Georgia Campaign for Adolescent Power & Potential

| Name | Date |
|---|--|
| As a Board member I make these commitments and every objective identified in this plan. I also commit proactive in preparing myself with the information, successful implement this plan. | to seeking help when needed and to being |
| Technical Assistance/Training: | |
| Materials: | |
| | |
| Information: | |
| In order to carry out the tasks and responsibilities o | utlined above, I will need the following |