



Send Hope



720 East Main, Suite A, Allen TX 75002

972-727-5001

972-727-6335 Fax

atbdds@yahoo.com

www.send-hope.org

Tax ID 75-2833981 a 501 c(3) US non-profit organization

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

I WOULD LIKE TO MAKE A MONTHLY

DONATION OF: \$ _____ (\$80 to sponsor a child)

DONATION BY CREDIT CARD

The undersigned hereby authorizes Send Hope to charge a monthly donation in the amount of \$ _____ to my credit card as indicated below, beginning _____. I may write Send Hope at any time to terminate this agreement.

CREDIT CARD

MC/Visa American Express Discover

CANCELLATION:

Contact **Send Hope** in writing to terminate automatic charge

I WOULD LIKE TO MAKE A ONE TIME

DONATION OF: \$ _____

USE FOR:

- Education Supplies
 Greatest Need House of Hope
 Medical Treatment Medical Transportation

CREDIT CARD

MC/Visa American Express Discover

DONATION BY BANK DEBIT

The undersigned hereby authorizes Send Hope to draw a monthly donation in the amount of \$ _____ from my bank account as indicated below, beginning _____. I may write Send Hope at any time to terminate this agreement.

TYPE OF BANK ACCOUNT

Checking Savings

NOTE: For accuracy, please attach one of your personal checks marked "VOID".

The following financial institution is hereby authorized to debit the account of the undersigned:

CANCELLATION:

Contact **Send Hope** in writing to terminate automatic deduction

In Memory or In Honor

My gift is in loving memory of
Or in honor of: (Circle one)

Please send an acknowledgement to:

Name _____

Address _____

EMPLOYER MATCHING DONATIONS

If your employer participates in contribution matching please send us the information to apply and you will double your contribution.