



# Send Hope



755 Heritage Pkwy Allen TX 75002 (NEW Mailing Address)

972-499-1660 SendHope2011@gmail.com www.send-hope.org

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

### EMPLOYER MATCHING DONATIONS

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

### I WOULD LIKE TO MAKE A MONTHLY

DONATION OF: \$ \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

### 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

Master Card  Visa  Discover

\_\_\_\_\_ CARD NUMBER

\_\_\_\_\_ EXP DATE

\_\_\_\_\_ CCV

\_\_\_\_\_ CARDHOLDER'S NAME

\_\_\_\_\_ SIGNATURE

**CANCELLATION:**

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

### I WOULD LIKE TO MAKE A ONE TIME

DONATION OF: \$ \_\_\_\_\_

#### USE FOR:

- Education  Hosacks in Honduras
- Greatest Need  Medical Transportation
- Medical Treatment  Other \_\_\_\_\_

#### CREDIT CARD

Master Card  Visa  Discover

\_\_\_\_\_ CARD NUMBER

\_\_\_\_\_ EXP DATE

\_\_\_\_\_ CCV

\_\_\_\_\_ CARDHOLDER'S NAME

\_\_\_\_\_ SIGNATURE

### 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".**

\_\_\_\_\_ ACCOUNT NUMBER

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

\_\_\_\_\_ NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_ BRANCH

\_\_\_\_\_ ADDRESS OF FINANCIAL INSTITUTION

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ TODAY'S DATE

**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 \_\_\_\_\_

\_\_\_\_\_ CITY

\_\_\_\_\_ ST

\_\_\_\_\_ ZIP