HOPE Community

Hope Community Donation Form

All donations are tax deductible to the fullest extent allowed by law.

_____

NAME (As you would like it listed in the Annual Report) ☐ I want to be anonymous.

_____

ADDRESS

_____

CITY **STATE** **ZIP**

_____

TELEPHONE

_____

EMAIL ☐ I'd rather get the Annual Report and newsletters by email

☐ ***YES! I want to be a Sustainer!*** Please charge my card $_____ on the ____ of the month.

I would like to make a donation to Hope Community in the amount of:

☐ $50 ☐ $200 ☐ $1000
☐ $100 ☐ $500 ☐ Other_____

☐ Check enclosed, payable to Hope Community
☐ Enclosed is a matching gift application from my company.

Please charge my:

☐ VISA ☐ Discover
☐ Mastercard ☐ American Express

_____

CARD NUMBER

_____

EXP. DATE **SIGNATURE**

Please dedicate my gift:

☐ In memory of_____
☐ In honor of_____

Additional Notes or requests: _____

Please send me information about:

☐ Employee Matching Programs ☐ Donating Stock
☐ Volunteering ☐ Including Hope Community in my will

611 E Franklin Ave, Minneapolis MN 55404