



Join the Circle of Hope and provide critical ongoing support.

I'll give a monthly gift of:

- \$50 \$15
- \$30 \$_____



Start gift on: _____

Withdraw from my bank account monthly:

Routing # _____

Account # _____

Charge my debit or credit card:

Name: _____ Exp. Date: ___/___

Card #: _____

CRV Code: _____ Zip Code: _____

Signature: _____

Print Name: _____

Address: _____

Email: _____

Phone #: _____



Thank you for your monthly tax deductible gift!