

HOUSE OF HOPE DONATION FORM

Thank you for your support. It is only through contributions from individuals such as yourself that we are able to continue helping those suffering from alcoholism and addiction. Any amount that you are able to give will be greatly appreciated. Your contribution is tax deductible.

Contributor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Gift Amount:

\$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___ Other \$ ___
___ Check enclosed (payable to House of Hope, Inc.)

Credit Card ___ Visa ___ Mastercard ___ Discover Card

Card Number: _____ Exp. Date ___ / ___ / ___

Name on card: _____

Signature: _____

Optional

Tribute:

My gift is being made in honor of: _____

For her/his: ___ Anniversary Other: _____

Memorial:

Please send a card acknowledging my gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail your contribution, along with this form to:

House of Hope, Inc.

P.O. Box 451585

Grove, OK 74345-1585

Questions: 918-786-2930