



CONTRIBUTION FORM

My gift \$ _____ Email Address* _____

*Please make checks payable to HOPE Community Services. *Please help us save trees.*

Name _____

Street _____ City _____ State _____ Zip _____

Pay online at hopecommunityservices.org. Click on "**Donate Now**".

I wish to make an ongoing monthly donation of \$ _____ **per month**

I authorize you to charge my credit card number below each month.

We also accept: (please check preference) MasterCard Visa Amex

Card Number _____ Expiration Date _____ / _____ CVV Code _____

Signature _____