MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION
Donor Name (First Name and Last Name):_______________________________________________

Organization Name (Fill this out only if you’re making your donation on behalf of an organization):
__________________________________________________________________________________

ADDRESS INFORMATION
Address (if you’re making this donation on behalf of an organization, please provide the company’s address):
__________________________________________________________________________________

City:______________________________________ State:_____________ Zip Code:_____________

Country:__________________________________________________________________________

Email (optional):__________________________________________________________________

Telephone Number (optional):_________________________________ Home ☐ Mobile ☐

PAYMENT OPTIONS
ONE TIME GIFT AMOUNT:______________________________________________________________

☐ I’m enclosing my check made payable to Friends of Hope.

☐ Please charge my credit/debit card:
   ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder’s Name:_______________________________________________________________

Card Number:_______________________________________________________________

Expiration Date:_______________________________________________________________

CVC:______________________________________________________________

Your questions and feedback are very important to us. Please feel free to contact us at info@friendsofhopeintl.org or call 754-265-7628. Thank you for your support.

Please mail this completed form to: Friends of Hope | P.O Box 451513 | Fort Lauderdale, Florida 33345