



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