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):_______________________________________

PAYMENT OPTIONS
ONE TIME GIFT AMOUNT:___________________________________________________________

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

☐ 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 International | P.O Box 451513 | Fort Lauderdale, Florida 33345