

wonder

Show Hope Fellowship Weekend Virtual Fundraiser

I want to make a difference by giving a single monthly gift of:

\$75 \$150 \$500 \$1,000 \$2,500 \$5,000 Other \$ _____

I would like to apply the monthly gift above toward becoming a Show Hope sponsor (\$35 min.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I would like more information on asset-based or planned giving.

METHOD OF PAYMENT: Check # _____ Credit Card *(see reverse)*

If you are interested in funding a Show Hope Adoption Aid grant, visit showhope.org/lifehope.

CREDIT CARD: Please charge my card the amount shown on the front.

Visa MC Discover Amex

Credit Card Number:

Exp Date (MM/YY): / CVV: _____

Name On Card: _____

Sign Your Name: _____

Billing Address (if different): _____



Show Hope/Shahannah's Hope is a 501(c)3 nonprofit and your donation is tax-deductible.

FWVF2020

SHOW  HOPE