



DONATION FORM

Contact Information

Name Date

Address

Phone

Email

Yes! I want to Give Hope to someone in need.

ONE TIME

\$5,000 \$2,500 \$1,000 \$500 \$250 Other \$_____

RECURRING MONTHLY

\$500 \$250 \$100 \$50 \$25 Other \$_____

Payment Information

My check is enclosed, payable to VOAWW

Gift coming from Donor Advised Fund

Please charge my card Note: Only Visa or MasterCard accepted. No Discover or American Express.

Card Number Exp. Date MM/YY CVV

Address above is same as billing Billing Address

Printed Name Authorized Signature Date

Please contact me about paying my pledge with stock I'd like my gift to remain anonymous

I'd like more information about including VOAWW in my estate plan I'm interested in volunteering