

Faces of Hope



Gift Form

I want to join the Restoring Hope Society (Minimum of \$1,000 annually for 5 years)

- Offer Hope - \$1,000 per year for 5 years (only \$84 per month)
- Restore Dignity - \$5,000 per year for 5 years
- Transform Lives - \$10,000 per year for 5 years

I have already joined the Restoring Hope Society and:

- I have enclosed my annual gift of \$_____.
- I would like to increase my annual gift by \$_____ per year.
- I would like to extend my current giving plan for an additional _____ year/s.

I would like to contribute in other ways:

- I would like to give \$_____ annually for _____ years.
- I am making a one time gift of \$_____.

Please contact me, I have other ideas to share:

- I would like a tour. I am interested in being a table captain.

My Information

Name _____ Table Captain _____

Preferred mailing address home business (business name) _____

Full Address _____

Preferred Phone _____ Home Business Cell

Email _____

Payment Information

- My check payable to Volunteers of America is enclosed.
- Please charge my credit card # _____ Exp. ____/____ CVV _____

Signature: _____

Please charge my gift: Now Monthly Quarterly Yearly for _____ years.

Card Billing Address (if different than above) _____

- Contact me about paying my gift with stock.
- My company _____ will match my gift.

www.voahin.org giving@voago.org

Thank you for helping people reach their full potential!