

Circle of Hope Membership Form

I want to join The Circle of Hope and help change lives every month.

I would like to give \$_____ monthly.

How change begins:

Impact level	Total annual giving
\$12 per month provides meals	\$144
\$24 per month provides shelter	\$288
\$36 per month provides employment training	\$432
\$48 per month provides health and treatment services	\$576

My Information

Name _____

Home Address _____

Preferred Phone _____ Home Business Cell

Email (*required*) _____

I would like my giving to remain anonymous.

Payment Information

Credit Card # _____ Exp. ____/____ CVV _____

Signature: _____

Card Billing Address (if different than above) _____

Thank you! All you have left to do is send us your completed form.

Mail to: Stefanie Huffman, Circle of Hope
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Questions: 440-717-1500 x1110 giving@voago.org www.voago.org