



Non-Profit 501(c) 3

Enclosed is my gift of: _____
(Please make checks payable to Harvest House of Hope)

_____ This is a *Monthly Donation*, recurring on the _____ day of every month.

_____ This is a *Quarterly Donation*, recurring on the _____ day every 3 months.

_____ This is a *One Time Donation*. _____

Please charge my donation to my: _____ VISA _____ MasterCard

Name on Card Signature: _____

Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

If this donation is a *gift*, please specify the following:

_____ Honorarium _____ Memorial _____ Celebration

Name: _____

Please send notification of this gift to: _____

Additional Information:

_____ I would like information on volunteer opportunities.

_____ I would like to schedule a presentation for my club, civic organization, church or office.

_____ I would like information on resident sponsorships/fundraisers.

Email: _____ Text to cell phone: _____

Mail donations to:
Harvest House of Hope, Inc.
275 Wilsontown Road
Bainbridge, GA 39817

Thank you for opening the door to freedom!

www.harvesthouseofhope.com

Tax ID # 46-0607323