



A Child's Hope Foundation Donation Form

I am making a ONE TIME gift of:

\$ _____ (Please indicate amount.)

I am making a MONTHLY gift of:

\$ _____ (Please provide a credit card number below for monthly donations)

Please fill in your name and address to ensure correct preparation of your receipt for tax purposes:

Name: _____

Address: _____

City _____, State/Province _____, Zip/Postal Code _____

Country _____

Telephone Number: _____

Email Address: _____

Yes, I would like to receive A Child's Hope Foundation's newsletters via email

Please make your check payable to A Child's Hope Foundation, or fill in the following to charge your donation to your credit card. American Express, Discover, MasterCard, and Visa are accepted. We will contact you before charging your card, so please include a phone number.

Account # _____ Exp. Date _____

Name (as it appears on your credit card) _____

Signature _____ Date _____

This form should be sent to: A Child's Hope Foundation, 4885 N Canyon Rd, Provo, Utah 84604

Thank you for your generosity. All contributions are tax-deductible in the U.S.

Unless otherwise noted, your gift will be used by A Child's Hope Foundation for the project(s) A Child's Hope Foundation determines is (are) in need of funds. A Child's Hope Foundation is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code.