



DONATION FORM

I would like to make a donation of \$ _____

I want to make an anonymous donation of \$ _____

I work for a matching-gift corporation

Corporation's Name

Angels of Hope, Inc., NFP, has been recognized as a tax exempt public charity under 501 [c][3] of the Internal Revenue Code; therefore, any contribution made to our organization is tax deductible.

Method of Payment

CHECK ENCLOSED (payable to Angels of Hope, Inc., NFP)
CHECK #: _____
AMOUNT: \$ _____

I PREFER TO KEEP MY DONATION ANONYMOUS

VISA / MASTERCARD (circle one)
ACCOUNT # _____
EXPIRATION DATE: _____ / _____
SIGNATURE: _____

◆◆◆Credit card payments will be received by Russelle Holsinger, Attorney at Law
Your tax-deductible receipt will reflect Angels of Hope, Inc., NFP ◆◆◆

RETURN COMPLETED FORMS WITH PAYMENT TO:



Angels of Hope, INC. NFP
265 Richards Street
Coal City, Illinois 60416