



Arms of Hope Annual Fund

Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Email _____

Yes! I want to support children and families through Arms of Hope's Annual Fund with a one time gift of: \$1,000 \$500 \$250 \$100 \$50 Other \$ _____
Or, Please charge \$ _____ to my credit/debit card per month.

Cumulative Gifts of \$1,000 or more during the year secures your membership in the Champions for Hope gift society. Leadership giving levels are:

- ❖ Bronze \$1,000 - \$2,499
- ❖ Silver \$2,500 - \$4,999
- ❖ Gold \$ 5,000 - \$9,999
- ❖ Platinum \$10,000 - \$49,999
- ❖ Diamond \$50,000+

My donation is In memory of In honor of Name _____

Please send acknowledgement to: Name _____

Address City State Zip

Method of payment:

Check (payable to Arms of Hope) Visa MasterCard American Express

Card # _____ Exp. _____

Signature _____

Please send receipt of my tax deductible donation by: Email Postal Service

My/my spouse's employer will match this gift.

I am interested in making a gift through estate planning or annuities.

I would like to donate goods or property.

Please mail to: Arms of Hope - 21300 State Highway 16 North - Medina, Texas 78055

Give online at ArmsOfHope.com