

You Empower Lives Of Meaning

Name:

Street Address:

City :

State:

Zip:

Phone:

Email:

One-Time Donation

I want to support New Hope Community with a gift of:

\$50

\$100

\$250

\$500

\$1,000

Other:

Monthly Donatons

I would like to become a member of the **1975 Club** with a monthly donation of:

\$50

\$100

\$250

\$500

\$1,000

Other:

Your signature below authorizes New Hope Community to process a monthly donation until you request a discontinuation of payment to the Development Department.

Payment Details

My **Check** payable to **NHC Foundation** is Enclosed.

Please charge my **Credit/Debit Card**:

Name as it appears on card:

Address associated with the card **if different than above**:

Street

City

State

Zip

Card #

Exp. Date

Signature

This gift is a Tribute In Honor In Memory **Tribute Name:**

Please send acknowledgement of my gift to:

Address:

City, State, Zip:

My company will **match my gift**- I completed and enclosed the appropriate form.

I would like more information about other ways I can help:

Gifts in Stock

Will / Bequest

Gift of Real Estate

Gift Annuities

Life Insurance Gift

Monthly Giving

Mail Forms to: NHC Foundation PO Box 289, Route 52, Loch Sheldrake, NY 12759

NHC Foundation is an exempt organization as described in Section 501(c) (3) of the Internal Revenue Code: EIN # 14-1730634.

NEW
HOPE

Community