



**Thank you for your generous support!**

Your tax-deductible contribution will help provide emergency funds, such as rent, utilities, and transportation; delivered nutritious meals; and early detection education and screening programs

Please complete and mail/email to the address at the bottom of this form

**Yes, I/we want to support Hope Chest and help under-served women and their families touched by breast cancer with a tax-deductible contribution of \$\_\_\_\_\_.**

**CONTACT INFORMATION**

Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT OPTIONS**

Enclosed is my check made payable to the Hope Chest for Breast Cancer Foundation

Please charge my  Visa  MasterCard

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSV# \_\_\_\_\_  
(2-4 digit code on back of card)

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to set up a reoccurring gift \$\_\_\_\_\_.

Please  Charge my credit card  Send me a pledge reminder

Monthly  Quarterly  Annually Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**TRIBUTE GIFT** (Optional)

I would like my gift to be:  In honor of  In memory of  With thanks to \_\_\_\_\_

Please send a tribute notification to (Addressee): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RECOGNITION**

The Hope Chest for Breast Cancer Foundation may recognize your donation in future publications. Please print how you would like to be recognized:

\_\_\_\_\_  I would like to remain anonymous  
Example: John and Jane Doe

- Please save postage and paper by sending my donation receipt via email
- Please add me to your E-newsletter

*Our mission at Hope Chest for Breast Cancer is to help under-served women and their families touched by breast cancer. Registered as a 501(c)(3) non-profit organization, our tax ID# is 41-2019565. For more information, please visit www.hopechest.us or call 952-471-8700, ext 12.*

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