

# Please Give Hope a Hand

Yes, I would like to make sure House of Hope has the resources necessary to help my Martin County neighbors in need.

Please complete and return this form to

House of Hope  
2484 SE Bonita Street  
Stuart, FL 34997

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

My check for \$\_\_\_\_\_, payable to House of Hope, is enclosed.

Please charge \$\_\_\_\_\_ to my

Visa  Master Card  American Express  Discover

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security: \_\_\_\_\_

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

This donation is in  in honor of  in memory of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

[www.hohmartin.org](http://www.hohmartin.org) ♦ (772) 286-4673

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A COPY OF THE OFFICIAL REGISTRATION #CH2044 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLLFREE 1-800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.  
HOUSE OF HOPE RETAINS 100% OF ALL CONTRIBUTIONS RECEIVED.

FEDERAL ID #59-2422998