

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

Number: _____

Expiration: _____ Security: _____

Signature: _____

This donation is in in honor of in memory of:

Name: _____

Address: _____

City, State, ZIP: _____

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.

www.hohmartin.org ♦ (772) 286-4673