



Enrollment form for the Monthly Gift of Hope Club

Please print and complete this enrollment form. Then mail it to the following address:

House of Hope
2484 SE Bonita St.
Stuart, FL 34997

YES! I want to make a Monthly Gift of Hope in the following amount. I have enclosed a check for my first month's gift. After that, please transfer my monthly gifts from my checking account.

- \$25 each month
- \$50 each month
- \$75 each month
- \$100 each month
- Other: \$ _____ each month

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

E-Mail: _____

Terms of Agreement: I understand my future gifts will be drawn from my account monthly and transferred to House of Hope to support programs and services in Martin County. At any time, if I wish to increase, decrease or suspend my monthly gifts, I must make a written request to House of Hope, 2484 SE Bonita St., Stuart, FL 34994.

I (we) hereby authorize House of Hope to initiate debit entries to my account and agree to the terms of agreement.

Signature: _____ Date: _____

A COPY OF THE OFFICIAL REGISTRATION #CH2044 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 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.