

Center of Hope



Your Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

In Honor of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please apply my donation to: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Voc Development | <input type="checkbox"/> Ceramics |
| <input type="checkbox"/> Community Employment Services | <input type="checkbox"/> Education and Training Center |
| <input type="checkbox"/> Hope Industries | <input type="checkbox"/> Moments Remembered |
| <input type="checkbox"/> Willing to Work | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Auxiliary Group | <input type="checkbox"/> Volunteer Center |

OR

- Where ever it is needed most!

Donation Amount: \$ _____

Please mail this form and your check, money order, or charge information to:

3206 North Central Avenue

Rockford, IL 61101

Attention: Carm Herman

Check enclosed made payable to "Center of Hope"

Visa ____ Master Charge ____ American Express ____ Discover Card ____

Credit Card # _____ Expiration Date _____

I am considering including The Center of Hope in my estate plans and joining the Heritage Club.

Please do not list my contribution in the Annual report.

When you visit our gift shop remember to mention us for a 10% discount!

