



MONTHLY GIVING ENROLLMENT FORM

Date: _____

Name: _____

Phone: _____

Address: _____

Email: _____

Please process my donation on the _____ of each month until _____
(day) (month and year)

I prefer to make my monthly gifts from:

Credit Card Visa American Express Mastercard

#: _____

Exp. Date: _____ CCV: _____

Please designate my donation to specific program: _____

In honor/memory of: _____

I authorize Hope Services to charge my credit card per the instructions above. I have the right to discontinue my contributions at any time with no penalty.

I will make my monthly donation using my own checks, please mail me a supply of pre-addressed envelopes to the above address.

Signature: _____ Date: _____

Please send this form to: amazza@hopeservices.org, fax: 408-284-2863 or mail to:
Hope Services/Dev. Dept. - 30 Las Colinas Lane, San Jose, CA 95119
To discontinue at any time please call: 408-284-2862

Your continued support of Hope's mission is a wonderful gift to our clients!

Hope Services Federal nonprofit 501(c)(3) Tax ID: 94-1399287 In compliance with IRS regulations, this letter verifies that you received no goods or services in return for your contribution to Hope Services. Your charitable deduction may be disallowed if you are unable to provide this letter to the IRS upon request.