



## MONTHLY GIVING ENROLLMENT FORM

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

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

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

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

Email: \_\_\_\_\_

Please process my donation on the \_\_\_\_\_ of each month until \_\_\_\_\_  
(day) (month and year) |

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: [development@hopeservices.org](mailto:development@hopeservices.org) 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.*