

Jonathan Powell Hope Foundation, Inc.

PO Box 5527, Princeton WV 24740

Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: () _____

Email Address: _____

Donation Amount: \$ _____

Designation and Acknowledgement

How would you like to use this gift? (Check one)

Family Support

This gift is in memory of (enter the name of survivor, deceased or other honoree)

To whom should we send notification of your gift? (Acknowledgment will not specify the amount of your gift) – (Please check one)

Do not send any notification

Please send notification to:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Payment Information

(Check one)

My check is enclosed

Please bill my credit card

Credit Card Type (Eg. Visa): _____

Credit Card Number: _____

Expiration Date: _____

Information Requests

(Check all that apply)

Please send me the Jonathan's Hope Newsletter by mail

My company will match my gift and I will send the appropriate form

My company is interested in corporate sponsorship

I'm considering inclusion of a gift to Jonathan's Hope in my will, please contact me.

I have remembered Jonathan's Hope in my will

I wish to make a transfer of stock, please contact me.

I would like to be contacted about other volunteer, donation and sponsorship activities.

"It matters not how long a star shines, what is remembered is the brightness of its light."