

# Jonathan Powell Hope Foundation, Inc.

320 Courthouse Road, 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."*