

Donation Form



To make a donation, please fill out this form and return it to **Contagious Hope PO Box 492**
Tranquillity, CA 93668

____ I am enclosing a one time donation of \$ _____
(Please make checks payable to Contagious Hope or complete credit card details below)

____ I would like to donate \$ _____ on a regular basis for the next ____ months. I have signed the order form below.**

____ I do not require an acknowledgment of my donation.

____ Please send receipts for tax purposes at the end of the year.

Your Details (Please print clearly)

Title _____ Name _____

Address: _____

E-Mail _____ phone number _____

Bank Details

Card type (Visa, Discover or Mastercard)

Account number _____ Expiration date

Signature _____ **Date**

**You can cancel your monthly giving at any time by writing or e-mailing Contagious Hope.