



Donation Form

Enclosed is my gift of:

- \$5,000+ \$250+
- \$1,000+ \$100+
- \$500+ \$50+ Other _____

I would like to designate my gift to: _____

Personal Data (please print clearly)

Your name or name of business/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Does your company have a matching gift program: _____

Payment Method (please make checks payable to One Hope United):

- Cash Check Credit Card:    

Name on Card: _____

Card Number: _____ Exp. Date: _____

Billing Address (if different from above):

_____ Zip: _____

Thank you for your support. Your contribution will provide hope to vulnerable families and children in your community!

Mail the completed form to:

One Hope United
 Attn: Fund Development
 P.O. Box 1128
 Lake Villa, IL 60046
 847.245.6500
 847.356.2436 (fax)