

core

MONTHLY GIVING



PLEASE PRINT THIS FORM
AND MAIL TO



HopeWell Cancer Support
Post Office Box 755, Brooklandville, MD 21022
You may also fax this form to 410.337.0937

**If you have any questions,
please call us at 410.832.2719.**

Yes! I want to support hope every month...
And, give a monthly gift of _____.

\$100.00 or more (WellWishers Club)

\$50.00

\$30.00 (just \$1.00 a day!)

Other _____ (\$10.00 minimum)

Please charge \$ _____ to my Visa Mastercard

Exp. date _____ Signature _____

Email address _____

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MY COMPANY WILL MATCH THIS GIFT. PLEASE ENCLOSE A MATCHING GIFT FORM FROM YOUR EMPLOYER.

This gift is made...

In honor of...

In memory of...

Please notify: _____
NAME

STREET ADDRESS _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Please include this message on the card...

By signing this form, you are authorizing HopeWell to automatically bill your credit card for the amount you indicated each month.

You are welcome to increase, decrease or stop your monthly donations at any time.
Simply contact us at 410-382-2719 or email development@hopewellcancersupport.org.



*HopeWell Cancer Support is a 501 (c)(3) nonprofit organization, donations to which are tax deductible to the fullest extent allowed by law.
For a copy of our current financial statement, please contact HopeWell Cancer Support or the office of the Secretary of State, Annapolis, MD 21401.*

ADDRESS P.O. BOX 775, BROOKLANDVILLE, MARYLAND 21022 • **TEL** 410.832.2719 • **FAX** 410.337.0937 • **WWW.HOPEWELLCANCERSUPPORT.ORG**