

# FRIENDS OF HOUSE OF HOPE



Please accept my tax deductible gift of:  \$1,000  \$500  \$250  \$100  Other \_\_\_\_\_

Please charge the full amount noted above.  Please charge my credit card monthly in the amount of \$ \_\_\_\_\_  
Visa Mastercard American Express Discover # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_

My check is enclosed 3 digit security code \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to tour the House of Hope. Please contact me.

**House of Hope** 4738 N.E. 49<sup>th</sup> Boulevard, Wildwood, FL 34785 352-748-0338



