



DESIGNATION OF DONATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Enclosed is my gift in the amount of \$ _____

Check Enclosed (payable to Grace Centers of Hope)

Credit Card Visa Mastercard Discover American Express

Name on Card: _____

Card #: _____

Exp. Date: _____ Sec. Code: _____

Signature: _____

Please designate my gift to the following area:

- | | | |
|--|---|--|
| <input type="checkbox"/> Where Needed Most | <input type="checkbox"/> Hands of Hope (Children) | <input type="checkbox"/> Men's Program |
| <input type="checkbox"/> Women's Program | <input type="checkbox"/> Kitchen—Mission | <input type="checkbox"/> Kitchen-Women's Center |
| <input type="checkbox"/> Aftercare Men | <input type="checkbox"/> Aftercare Women | <input type="checkbox"/> Career & Education Center |
| <input type="checkbox"/> Other _____ | | |
-

Fill out this section to dedicate your gift in memory of or in honor of someone.

In Honor of: _____

In Memory of: _____

Send an acknowledgement of my gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list my/our name(s) as: _____

Mail Form To:

Grace Centers of Hope
Attn: Development Department
PO Box 430618 | Pontiac, MI 48343-0618

*Please contact Lisa Chambers at 248-334-2187 ext. 1122 or lichambers@gracecentersofhope.org
with any questions regarding your donation.*