



# Yes! I want to become a Hero of Hope!

**Yes!** To provide dependable support, I'd like to become a monthly donor.

*Thank You!*

## Monthly Gift Amount

- \$100
- \$50
- \$25
- \$10
- Other: \$ \_\_\_\_\_

*Note: You can change your amount or opt out at any time by giving us a call.*

## Gift Method

Please charge my:

- Mastercard
- VISA

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_/\_\_\_\_  
EXPIRY

- Please withdraw the amount from my chequing account on the 15<sup>th</sup> day of each month. (Include a VOID cheque)

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

