



“Keep HOPE Alive” Monthly Pledge Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

- YES! I would like to be a part of the Keep HOPE Alive monthly giving program. By selecting this box, I authorize Handing Out Hope to charge my Keep HOPE Alive pledge to my credit/debit card automatically each month as indicated in the terms outlined below.
- No, Unfortunately I cannot be a part of this program at this time, but please continue to keep me informed about Handing Out Hope's progress.

Monthly Pledge Amount: _____ 5th of the Month 20th of the Month

Visa Master Card American Express Discover

Credit Card Number: _____

Expiration Date: _____ / _____ Card Security Code: _____

Name on Card: _____

Signature (required): _____ Date: _____

This authorization to charge my bank account or credit card account is just like writing a check to Handing Out Hope or making a charge on my credit card, except that it will be done directly. I understand that each transaction will appear on my regular bank or credit card statement. I further understand that this agreement will remain in effect until I notify Handing Out Hope that I wish to change or suspend it, and then Handing Out Hope will have a reasonable amount of time to fulfill my request.

Handing Out Hope is a 501(c)(3) non-profit organization. Donations to Handing Out Hope are tax-deductible to the full extent allowed by the law. We care about your privacy; Handing Out Hope will not sell, trade, or rent your personal information.

“Working hard to make your support, more than just another handout.”