



Making a Donation to Outreach for Hope, Inc.

Please print this form and mail it to:
Outreach for Hope, Inc.
PO Box 341695
Milwaukee, WI 53234

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Congregation: _____

____ I/we wish to give in ___ honor or in ___ memory of:

Name: _____

Address: _____

____ I/we wish to give anonymously.

____ I/we would like to learn more about including Outreach for Hope as a beneficiary of my/our estate plan.

Please accept my/our gift in the amount of:

____ \$50 ____ \$100 ____ \$250 ____ \$500 ____ \$1,000 Other amount \$ _____

Payable in the following manner:

____ Check (Enclosed. Please make checks payable to OUTREACH FOR HOPE, INC)

____ Credit Card: ____ Visa ____ MasterCard

Card number: _____ Exp. Date: _____

Signature: _____ CVV code: _____

____ My employer will match this gift. (company's form enclosed)

____ I/we wish to make a pledge to the ongoing work of Outreach for Hope

In the amount of \$ _____ Annually____, Quarterly____, or Monthly____.

Over _____ years.

Your gift is tax deductible to the extent allowed by law. For questions call the Greater Milwaukee Synod at 414-671-1212. We will send you a receipt for your contribution. Thank you for your generosity.