



Today.... There's HOPE



DONATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Donation in honor of: _____

Donation Amount: \$ _____

Please mail this form and your check, Money Order, or charge information to:

Barbara Olson Center of Hope
3206 N Central
Rockford, IL 61101
Attention; Carm Herman

Check enclosed made payable to: "Center of Hope"

OR check one

Visa ____ Master Charge ____ American Express ____ Discover Card ____

Credit Card Number _____ Expiration Date _____

I would like to speak with someone about including The Center of Hope in my estate plans

Please do not list my contribution in the Annual Report

b-olsoncenterofhope.org

