

GIVE ONLINE AT CAREFAMILIES.COM/CHOOSE-HOPE

If you cannot attend please return this card at anytime with your generous donation. Name(s) Address Phone _____ E-mail _____ □ Check included □ Credit/Debit Card □ ACH Withdrawal □ Name on Card_____ Credit Card #______CCV #_____Exp. Date ____/____ Routing Number Account Number MINISTRY PARTNER One-time gift tonight □ \$10,000 □ \$5,000 □ \$1000 □ \$500 □ \$250 □ \$100 □ \$_____ FUND A NEED Monthly Pledge □ \$300 □ \$212 □ \$97 □ \$50 □ \$35 □ \$25 □ \$18 □ \$