



Become a Sustaining Supporter of HOPE!

Your monthly gift helps us deliver consistent and reliable support to those struggling to meet their basic needs from month to month. Everything you contribute makes a difference.

Monthly Donation Amount

- \$10 helps a family with no running water do their laundry
- \$25 helps a disabled person with critical prescriptions
- \$50 feeds a person who has lost their job for one week while they look for work
- \$75 pays for an emergency hotel room for a homeless family
- \$100 provides an emergency fuel delivery or helps a family of four eat for three days
- \$_____ Choose an amount that works for you

Additional Information

Recurring monthly gift, starting: _____ (date)

Billing Information

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- I wish to make my monthly contribution via a bank account so that 100% of my contribution goes to HOPE. Enclosed is a voided check.
- Charge my (*circle one*) MC/Visa/AmEx/Discover
(A percentage of your contribution will go to credit card fees.)
Card # _____ Exp. Date _____ Security Code _____
Name as it appears on card: _____

Authorizing Signature _____ Date _____

Questions?

HOPE will continue to make monthly withdrawals of the authorized amount unless instructed otherwise. You can contact us to make changes to your sustaining contribution at any time. Please contact Heather Potter at hpotter@hope-vt.org or (802) 388-3608, ext. 236 if you have questions or need more information.

HOPE does not share names of financial supporters without their permission.

Thank you for your support!

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HOPE is a United Way Member Agency