

SUSTAINER GIVING FORM

The purpose of Hope U Foundation is to help current and former foster care youth live independently after reaching the age of 18. Although many can elect to receive services until the age of 21, they are still ill prepared to live on their own without a support structure. Our mission is to change that. We provide housing, food, vocational skills and life skills training to ensure their success. Hope U will increase the odds of success for this neglected population.



...ending homelessness, hunger, and unemployment for youth in our community

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

If you would like to receive updates on the work at Hope U Foundation through our newsletter, mailings, emails, and additional information, please select the "Opt-In" check box.

.....
___ I would like to make a: ___ Weekly Gift - (*processes every 7 days*) ___ Bi-Weekly Gift - (*processes every 14 days*)

To start on: ____/____/____ (mm/dd/yyyy)

OR

___ I would like to make a: ___ One-Time ___ Monthly ___ Quarterly ___ Semi-Annual ___ Annual Gift

Process my gift on the: ___1st ___5th ___10th ___15th ___20th ___25th of the month

To start on: ____/____/____ (mm/dd/yyyy)

Donation Amount \$ _____

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation

In Memory/Honor of: _____

Comments: _____

All donations will be applied to our General Fund.

.....
___ Enclosed is a check made payable to Hope U Foundation for my One-Time donation.

OR

___ Enclosed is a voided check for my Recurring donation. Please transfer my gift from my checking account.

OR

___ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____/____



___ **YES! Please add 2.25% to my Credit Card donation to help offset the Processing Fees assessed to Hope U Foundation.**

Please add \$ _____

Total Donation Amount: \$ _____ (required)

Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.hope-u.org or by contacting Hope U Foundation by phone or mail. All donations provided to Hope U Foundation comply with U.S. Law.

Signature _____ Date _____

(Required)

Please make a copy of this form for your records or you can request a copy from

Hope U Foundation

1400 18th St • Chesapeake, VA 23324 • (757) 227-5444 • www.hope-u.org