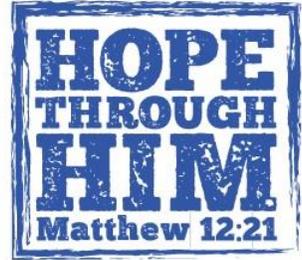


SUSTAINER GIVING FORM

Based on Matthew 12:21, our mission is to bring the helpless, hurting and hopeless the HOPE we find in Jesus. Your gift will help us do just that! Thank you for partnering with us, we promise, you are making a difference in the lives of many.



- Feeding Programs
- Women's Ministry
- Men's Ministry
- Leadership Training
- Orphan Intervention/Care
- Hospital Ministry for Nurses & Patients

These are just a few of the opportunities God has given our ministry while also giving you these opportunities to partner with us.

Name(s) _____

Address _____

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

I'd like to make a _____ One-Time Gift OR _____ Monthly Gift

Please process my Monthly Gift on the: _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

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

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

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