



hope for haiti's children

Donation Form

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____
E-mail Address: _____

Date of Donation: _____ Donation Amount: \$ _____

Donation Method: Credit Card Check (make checks payable to
Hope for Haiti's Children)

Credit Card Transactions

Credit Card Type: Visa Mastercard American Express Discover

Credit Card #: _____ Exp. Date: (Month/Year) _____

Name of Cardholder: _____

Signature of Cardholder: _____

Mail the Completed Form to:

Hope for Haiti's Children
P.O. Box 46463
Cincinnati, OH 45246-0463

*Thank you for supporting Hope for Haiti's Children
Your generosity will make a lasting difference in the lives of children in need.*