



When life hurts....and dreams fade....

HOPE AGAIN!!!

**DONATION FORM**

Yes, I believe in **SECOND CHANCES** and in the life-changing power of the Gospel of Jesus Christ. I would like to support the work, vision and mission of Hope Again of North Carolina.

**“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I WAS IN PRISON AND YOU CAME TO VISIT ME.” (Matthew 25:35-36, NIV)**

**DONOR INFORMATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (please print): \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_  
Address City State Zipcode

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address/es: \_\_\_\_\_

**I Believe in the Mission, Work and Vision of Hope Again of North Carolina and will support you with a gift of: \$\_\_\_\_\_**

**Payment Options**

- Enclosed is my check payable to “Hope Again of NC”
- In addition to my enclosed check, I would like to JOIN the “Fellowship of the Twelve” Partners in Faith and pledge a monthly investment of \$\_\_\_\_\_ (reminders will be sent monthly).

Please acknowledge my gift is \_\_\_ in memory of \_\_\_ in honor of:

Name (please print): \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_  
Address City State Zipcode

**Matching Gift** - Are you or your spouse employed by a matching gift company? Many companies will match your gift, multiplying its value. Check with the Human Resource Office at your company for a matching gift form, complete it, and return it to Hope Again of North Carolina along with your gift.

\_\_\_ Please add my name to Hope Again’s e-News mailing list.

**On behalf of the individuals and families whose lives will be transformed, we thank you for your support.**

Due to Hope Again’s 501(c)(3) Tax Exempt Status, the full amount of your gift is tax-deductible within the limits provided within the law.



**HOPE AGAIN OF NORTH CAROLINA, INC.**  
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