



Donation Form

Mail to: 725 Wall Street, Jeffersonville, IN 47130 | (812) 288-8248 or (800) 237-6604 | NewHopeServices.org

Make a Tax Deductible Check or Credit Card Contribution by Mail

Yes, I would like to support New Hope Services efforts to improve the lives of Adults, Families, and Children.

I would like to donate by: check or money-order credit card

A Gift of \$ _____ is enclosed.

Please make checks payable to New Hope Services, Inc. and mail with this form. Contributions are tax deductible to the extent provided by law. All Information received by NHS is kept confidential.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

For Donations by Credit Card:

Name on Card: _____

Type of credit card (check one): MasterCard Visa American Express Discover

Credit card number: _____

Expiration Date: _____

Signature of cardholder: _____

Comments or questions for NHS?