



MAIL-IN DONATION FORM

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check – made payable to: *Miles For Hope*

Charge to: *Mastercard* *Visa* *American Express*

Gift Amount: \$ _____

Card # _____ Exp Date _____

Name as it appears on card: _____

Signature: _____

My Company's matching gift form is enclosed

This gift is: *In honor of* _____ *In memory of* _____

On the occasion of _____

Please send acknowledgement of this gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please send this form with your gift to:

*Miles For Hope, Inc.
1684 N. Belcher Road
Clearwater, FL 33765*