



Hailey's Hope

FOUNDATION

Donation Form

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____ Home Work Cell

E-MAIL ADDRESS _____

YES, I would like to be added to your e-mail list.

YES, I would like to be added to your mailing list.

HOW DID YOU HEAR ABOUT HAILEY'S HOPE FOUNDATION? _____

Hailey's Hope Foundation is exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.

DONATION INFORMATION

Enclosed is my donation of \$ _____
(Please make check payable to **Hailey's Hope Foundation.**)

Please charge my credit card for \$ _____ Discover Card MasterCard Visa

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code (on back of card) _____

Name as it appears on Card (**Please print**) _____

Signature _____

Please complete this form and mail to:
Hailey's Hope Foundation
PO Box 32
Goshen, NY 10924