



# PROMISE OF HOPE

Promise of Hope  
PO Box 321  
Dudley, Georgia  
31021

## Monthly Donation Form

Enclosed is my gift of \$\_\_\_\_\_ to help women and men experience the joy of a drug-free, Christ-centered life.

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check Enclosed

Bill my Credit Card:

Type: \_\_\_ Mastercard \_\_\_ Visa \_\_\_ Discover \_\_\_ American EXP

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like to make this a monthly pledge

Please add me to the Promise of Hope mailing list

Please make checks payable to ***Promise of Hope*** and mail to:

Promise of Hope  
PO Box 321  
Dudley, Georgia 31021

