

*YES!*

I WILL SUPPORT HOPE CENTER'S ANNUAL FUND

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

My gift is  *in honor of*       *in memory of*

\$1,000  \$500  \$250  \$100  \$50  Other \_\_\_\_\_

Check in enclosed (Make check payable to **Hope Center**)

Bill to my Credit Card  Visa  MC  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Return to Hope Center | 502 N. East Avenue | Waukesha, WI 53186