

HopeHall SCHOOL

✓ **YES, I WILL JOIN YOUR MISSION BY SUPPORTING AN EDUCATIONAL SYSTEM THAT WORKS!**

Date _____ Enclosed is my \$ _____ gift to Hope Hall.

I'd like to give a recurring amount of \$ _____ monthly quarterly annually
from ___/___ to ___/____. *If you prefer a specific gift date, please inform us.*

Organization _____

Donor Name(s) _____

Title(s) Ms., Mr., Mrs., Mr. & Mrs. Other _____ Telephone (_____) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Credit Type (please circle one): American Express | Discover | MasterCard | VISA

Credit Card # _____ Exp. Date _____ 3 or 4 digit CVV Code _____

Name on Card _____

Billing Address _____ Billing Zip Code _____

--- PLEASE MAKE CHECKS PAYABLE TO HOPE HALL ---

I would like my gift to be: In Memory of: In Honor of: A Scholarship in the Name of:

Name _____

Please notify _____

Address _____ City _____ State _____ Zip _____

Additional Gift Information _____

- I prefer my gift to remain anonymous.*
- I would like more information about making a bequest to Hope Hall.*
- I have named Hope Hall in my will.*
- I would like more information about becoming a corporate partner.*
- I'd like to receive the newsletter.*
- I'd like to receive the e-newsletter.*

THANK YOU FOR YOUR SUPPORT!

Hope Hall is tax exempt under section 501(c) of the Internal Revenue Code. All gifts are tax exempt as permitted by law.

**Return Completed Form to:
Development Office * Hope Hall School * 1612 Buffalo Road * Rochester, NY 14624**