



HOPE NETWORK FOR CHILDREN INTERNATIONAL

Bringing Hope, Changing Children's Lives

Please fill out and return this form with your donation. Thank you in advance for your support.

GENERAL FUND: To support Graceworks area of greatest need.

\$ _____ One time donation \$ _____ Monthly donation

CHILD SPONSORSHIP OPPORTUNITIES - To assist with food, clothing, medical care and education.
(In order to ensure consistency of assistance for our children, 1 year sponsorship commitment is required)

I wish to sponsor a child/children in Grades K-8. Boy Girl Either

_____ Child(ren) @ \$50 monthly donation (or \$600 annual donation each)

Sponsor a High School Student(s). Boy Girl Either

_____ Child(ren) @ \$100 monthly donation (or \$1,200 annual donation each)

*Additional child sponsorship information will be provided to you after your initial donation is received.

\$ _____ **Total Donation** Check Cash Credit Card

DONOR INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: (Res) _____ (Cell) _____ (Email) _____

Yes No **Automatic monthly payment to this credit card**

Credit Card #: _____ Expiration Date: _____ Code: _____

Signature: _____

Please make checks payable to GRACEWORKS and mail to: P.O. Box 1239, Anaheim, Ca. 92815

GRACEWORKS is a 501 (c) (3) non-profit organization. Your gift is tax deductible as allowable by law. You will receive a year end statement for your records. Our EIN number is: 87-0809901

Phone: (714) 932-5425. Website: www.graceworksproject.org Email: info@graceworksproject.org