



Please complete this form, include your check or credit card information and mail to:
Hearts of Hope / 24123 Peachland Blvd, C-4, #134 / Port Charlotte, FL 33954

Thank you for your donation and for "Paying it Forward"

DONATION FORM / RECEIPT

DONOR INFORMATION: (Fill Out Entire Section)

Organization Name _____
Contact Person _____
Address _____
Street/PO Box _____
Town, State, Zip _____
Phone (Cell, Office, Home) _____
Email _____

DONATION DESIGNATION SPONSOR A PAINTER HEARTS OF HOPE GENERAL DONATION

METHOD OF PAYMENT

1. Check or Cash in the Amount of \$ _____
2. Check Number: _____
3. Credit card (Complete all information below)

AMERICAN EXPRESS VISA DISCOVER MASTER CARD

ACCOUNT NUMBER # _____

EXPIRATION DATE _____ 3 OR 4-DIGIT SECURITY CODE _____

NAME (PLEASE PRINT) AS IT APPEARS ON CARD: _____

IN THE AMOUNT OF \$ _____

ACCOUNT HOLDER'S BILLING ADDRESS (MUST BE THE ADDRESS ASSOCIATED WITH INDICATED CREDIT CARD)

SAME AS ABOVE? YES NO

OTHER: _____

ACCOUNT HOLDER'S PHONE NUMBER (MUST BE THE PHONE NUMBER ASSOCIATED WITH CREDIT CARD)

PHONE: _____

CARDHOLDER SIGNATURE: _____

Thanks to you, we truly do "create hope...one heart at a time."