



GIVING HOPE AND MAKING IT HAPPEN DONATE TODAY

✓ I want to help Michigan cancer patients facing financial difficulties by contributing:

\$25 \$50 \$100 \$250 \$500 \$1,000 \$_____ (other)

DONATION ALLOCATION

Please complete sections 1, 2 and 3 below as appropriate.

1 Please apply all or part of my gift toward the following event(s) sponsorship* as follows:

___ Family Feud for Hope \$ _____
___ Euchre for Hope \$ _____
___ Golf for Hope \$ _____
___ A Night to Remember \$ _____

*Please refer to the event page for sponsorship levels and logistics

2 Please apply all or part of my gift as a memorial or honorarium:

___ In Honor or ___ In Memory

(Name)

Card to: _____

Address: _____

3 Please apply all or part of my gift as a general donation to the Five Points of Hope Cancer Care fund to continue the mission of supporting our fellow Michiganders in their time of need.

\$_____.00

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT METHOD

Check #: _____ Credit Card# _____

Amount: \$ _____ Exp. Date: _____ CVV: _____

Credit card donations can be entered at <http://www.fivepointsofhope.com/donate.html> Please indicate in the COMMENT section of the on-line donation, that you will be sending in distribution information via mail or electronically, if you prefer.



MAIL:

Five Points of Hope
% Donations
P.O. Box 583
Milford, MI 48381



EMAIL:

donations@fivepointsofhope.com



Can't scan? Donate at:
<https://www.fivepointsofhope.com/donate>