

Our Hope

Guiding women to recovery

Thank you very much for considering Our Hope for your charitable giving. Please select from one or more of the following funds indicating the amount of your gift for each fund you select.

| | |
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| \$ | General donation to Our Hope Association |
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| \$ | Financial Assistance Fund (FAF): Perhaps our most urgent fund, the FAF allows us to fulfill our mission as we strive to serve women regardless of their ability to pay. We receive many requests for assistance and FAF allows us to help support women who demonstrate financial need for treatment. |
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| \$ | Tender Loving Care (TLC): This fund was initiated by the Visions of Hope Volunteer Committee and is dedicated to maintaining and improving our facilities, including the gracious, 130-year-old Victorian residence, carriage house, and grounds. |
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| \$ | Nelson Fund: This fund honors one of the founders of Our Hope, Mr. Willis Nelson, and provides for direct client assistance. Women who qualify are offered financial support for medication, medical and/or dental needs. |
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| \$ | Total Donation |
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If you prefer to remain anonymous please check box:

Please charge my: _____ Visa _____ MasterCard (Acct. Info: _____ Exp Date: _____)
My Check is enclosed _____

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

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Our Hope is an independent 501(C)(3) organization. Your gift is tax deductible to the fullest extent of the law. A receipt will be mailed.