

*Cradle Of Hope*

*Please accept my tax-deductible gift in the amount of:*

\_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$1,500 Other \$ \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CHECK: My check made payable to Cradle of Hope is enclosed.

\_\_\_\_\_ CREDIT CARD: Please charge \$ \_\_\_\_\_ to my: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name on the card \_\_\_\_\_ Signature \_\_\_\_\_

*Your gifts provide portable cribs, rent, prenatal & delivery care, auto repair, bus cards, emergency food, gas or diapers. . . and other maternity-related needs.*

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Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail (*help save \$\$!*) \_\_\_\_\_ Phone \_\_\_\_\_

My gift is given: In memory of: _____
In honor of: _____ <i>(Person(s)' name and/or Occasion – Mother's Day, Anniversary, Birthday, etc.)</i>
Please notify: Name _____
Address _____
City/State/Zip _____

*More Ways to Support A Mother's Hope & A Child's Life:*

- Stocks, Annuities, Life Ins. & Will/Estate Gifts
- Employee Matching Gift Programs

- Automatic Bank Withdrawal/Electronic Funds Transfer
- An IRA Transfer: *Tax-free for persons age 70-1/2 & older*

*We can assist you! Contact Cradle of Hope - 651-636-0637, 1-877-736-0637 or [cradleofhope@cradleofhope.org](mailto:cradleofhope@cradleofhope.org)*