Donation Form

|  |  |
| --- | --- |
|  | Hope Loves CompanyProviding educational and emotional support to children and young adults who had or have a loved one battling ALS. |

### Donor Information (please print)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |

### Donation Information

The enclosed donation is in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This contribution is in the form of: [ ] cash [ ] check

**(Credit/Debit card donations can be made online, on our website: www.hopelovescompany.org)**

[ ]  This gift will be matched by my employer:

[ ] Form enclosed[ ] Form will be forwarded

[ ] I prefer that this contribution remain anonymous.

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

[ ] I wish to make this donation **in memory of**:

[ ] I wish to make this donation **in honor of**:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s):  |  | Date:  |
|  |  | **Please mail to:** |
| Please make checks, corporate matches, or other gifts payable to: **Hope Loves Company** |  | Hope Loves CompanyP.O. Box 931Pennington, NJ 08534 |