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 enclosedForm 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 |