FAITH PROMISE FORM

I/we would like to help Hope Haven fulfill God's mission with a gift.

Name (s)_____
Street_____
City/State/Zip_____
Phone_____ Church Home_____
Birth date___/___/_____ Spouse Birth date ___/___/____
E-Mail_____@_____

My/our total cash faith promise is $_____

To be given as Follows:
____***Five years*** with first payment of $_____ enclosed, or, please send reminder:

____annually ____semi-annually ____quarterly

____monthly beginning on or about ____/____/ 20___

____ ***One time gift*** enclosed.

Signature (s) _____

_____

Date: _____

I/we would like to visit about:

_____ Planned Giving _____Wheelchair Distribution Trips

_____ Named Gift Options _____ Volunteering

_____ Hope Haven is already included in my/our estate plan. _____ Other

Thank You! Your generosity is a blessing and you will be blessed.

Please return to:
Hope Haven Foundation
PO Box 70
Rock Valley, IA 51247

All gifts are tax deductible to the extent permitted by law.

08/10