YES, I'LL HELP ENABLE 100% OF BANQUET Donations to go directly to hope clinic

\$1,000

- TWO RESERVED SEATS
- RECOGNITION ON SCREEN AT EVENT



- TWO RESERVED SEATS
- RECOGNITION ON SCREEN AT EVENT
- RECOGNITION IN EVENT PROGRAM

\$2,000

- TWO RESERVED SEATS (PREFERRED SEATING)
- RECOGNITION ON SCREEN AT EVENT
- RECOGNITION IN EVENT PROGRAM
- RECOGNITION ON SOCIAL MEDIA

\$5,000

- TWO RESERVED SEATS (PREFERRED SEATING)
- RECOGNITION ON SCREEN AT EVENT
- RECOGNITION IN EVENT PROGRAM
- RECOGNITION ON SOCIAL MEDIA
- VERBAL RECOGNITION BY OUR EMCEE

Are you familiar with the Pregnancy Resource Act? Your business can redirect up to half of its state income tax and property tax to Hope Clinic. This is a dollar-for-dollar credit.

Hope Clinic is a 501 (c)3 non-profit, Hope Clinic does not sell, lease, or lend any information to other organizations or individuals. EIN-46-3666844



Sponsors multiply support for this LIFE-saving ministry! thank you

IMPORTANT DEADLINES

OUR UNDERWRITING GOAL FULFILLMENT DATE IS OCTOBER 2ND. PLEASE SUBMIT LOGOS FOR RECOGNITION TO ASHLEY@HOPECLINICMS.COM BY OCTOBER 12TH.

SELECT ONE: MY GIFT IS ENCLOSED (CASH OR CHECK) USE MY CHECKING OR CREDIT CARD INFORMATION BELOW BILL ME AT THE ADDRESS LISTED BELOW I WOULD LIKE MY SPONSORSHIP TO REMAIN ANONYMOUS			SELECT GIVING LEVEL: \$1,000 \$1,500 \$2,500 \$5,000
AND NOT BE ACKNOWLEDGED ON DIGITAL/PRINTED MATERIAL OTHER \$			
TITLE:	NAME:		
MAILING ADDRESS:			
		ZIP:	
BUSINESS ADDRESS (IF DIFFERENT):			
		ZIP:	
EMAIL:		PHONE	:
CHURCH AFFILIATION:			
GIVE BY AUTOMATED CHECKING WITHDRAWAL (HELP US KEEP OUR FEES LOW)			
ROUTING #			
ACCOUNT #			
BANK NAME:			
GIVE BY CREDIT OR DEBIT CARD			
NAME ON CREDIT/DEBIT CARD:			
CARD #:			
EXP DATE: CVV:			
I UNDERSTAND THAT MY ACCOUNT WILL BE DEBITED AT THE TIME AUTHORIZATION IS RECEIVED			
SIGNATURE:			

IF YOU PREFER TO DONATE BY PHONE, PLEASE CONTACT OUR TEAM AT 601-264-2181