

# SUMMER HOPE FOUNDATION DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Credit Card Donation: \_\_\_\_\_  MC  VISA

*Sorry we do not currently accept American Express or Discover.*

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

To make a donation or to make a donation by check please mail donations to:

**The Summer Hope Foundation**  
**2821 Pine Ave.**  
**Ronkonkoma, NY 11779**

Please make checks payable to *The Summer Hope Foundation*.

*Donation Notes:*

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