

# SUMMER HOPE FOUNDATION DONATION FORM

To send this form via email at summerhopefdtn@gmail.com, fill out this PDF. Please click on the typewriter icon above and click on each field that needs to be filled out. You can also print and mail it to the address below.

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: \_\_\_\_\_

Is this Gift in Honor of Someone who has Battled Cancer?      Yes / No

Is this Gift in Memory of Someone Lost to Cancer?      Yes / No

Honoring someone who has battled cancer or donating in memory of a person lost to cancer is a very special gift to give. Please list the additional loved ones you would like us to notify of the donation that you have made (Please include name and address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**The Summer Hope Foundation**  
**57 Admiral Lane**  
**Hicksville, NY 11801**

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

*Additional message to be included (optional):*

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*Donation Notes:*

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