

Phone Number: 404-920-8636

Please PRINT all your information clearly

DONATION FREQUENC	Y (please choose o	one):		
☐ One time donation				
☐ Reoccurring donation				
DONATION TYPE (plea	se choose one):			
☐ General donation				
☐ Anonymous donation				
☐ Gift in memory of:				
	(Name of deceased))		
☐ Special occasion dona	tion:			
	(Please explai			
If you would like us to below:	send an acknowle	edgement card, plea	se provide us with	the necessary information
First Name:		Last Name:		
Mailing Address:				
City	State	Zip Code		
Country I	Email			
DONATION METHOD (p	please choose one):			
Check/Money Order - Hope. Please mail this f			ne amount of \$	payable to Hiring for
•	•	Hiring For H	-	
		P.O. Box 888		
		Dunwoody, GA	30356	
<u>Credit Card -</u> Please pro Circle your type of Credit	ovide us with the fol	lowing information:		
VISA Master Card				
3 digit CVV security code	on back of card		Exp. Date :	
Name on the Card:				
Credit Card Number				
Please provide the foll	_	, ,		,
_				
Country I	Email		□	I do not want to receive information
Daytime Phone:	E	venina Phone		