

# RESTORE HOPE ORLANDO

## Donation Form

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

### AMOUNT:

\$500 \_\_\_\_ Holiday needs of a family      \$250 \_\_\_\_ per month to sponsor a child

\$500 \_\_\_\_      \$250 \_\_\_\_

\$100 \_\_\_\_      \$50 \_\_\_\_

Other \_\_\_\_

*Make checks payable to:* **Restore Hope Orlando, Inc.**  
**1030 W. Kaley Ave**  
**Orlando, FL 32805**

We would like to express our sincerest gratitude in advance for your donation. We thank you for assisting us in completing our mission of creating brighter futures one child, one family, and one community at a time. You can also choose to sponsor the needs of a child covering enrollment and activities in our after school program by donating \$250 per month, or meeting the holiday needs of a family by donating \$500. There are other areas of need where you can choose to direct your donation toward such as our, re-roofing fund or our capital expenditure fund. You can choose to direct your donation to one of our alternative funds by simply annotating your check in the memo section. Once again we would like to just say thank you.

For additional information please contact Restore Hope Orlando at 407-246-0061 between the hours of 10 am and 6 pm or email us at "Carolynrestore@bellsouth.net"