

## DONATION FORM

Small change. Great influence. Real transformation. Together we can make a difference.

Name	Phone	Number			
Address			<u>R</u>		
Email Address			9	1000	
Organization Affiliate (if applicable)		i.		A ST	
Point of Contact (if different than above	e)	No.			
Enclosed is my gift of:\$25	\$50 _	\$75	\$100	\$	Other
Please allocate my gift toward the most urgent need in Southeast Asia to serve the					
people to further the mission to bring h	ope.				
Christmas Hope Outreach (For more information on "Christmas Hope" please visit					
onehopeforasia.org/christmas-hope)					
* If you would like your gift divided, please specify amounts on corresponding lines. Thank you.					
I'd like to receive a quarterly newsletter from One Hope (please provide email address above).					
Please opt me out of your mailing list at this time.					
Please mail completed form to:					
One Hope for Asia, Inc. PO Box 64, Webster, NY 14580					
To give electro	onically, visit ı	us at onehop	peforasia.o	rg.	
Pa	DONA TyPal VISA @				

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