Faithful 30 Pledge Form

Services of Hope Entities, Inc.



Services of Hope

This will provide assistance to purchase food from North Texas Food Bank, stocking our food pantry, and our general outreach programming; along with help serving a community meal on the 30th day of every month.

Donor Information (please print or type)			
Name			
Billing address			
City, ST Zip Code			
Phone 1 Phone 2			
Fax Email			
Pledge Information I (we) pledge a total of \$ to be paid: _now _monthly _quarterly _yearly. I (we) plan to make this contribution in the form of: _cash _check _credit card _other. Credit card type Exp. date Credit card number Authorized signature Gift will be matched by (company/family/foundation)			
		\Box form enclosed \Box form will be forwarded	
		Acknowledgement Information	
		Please use the following name(s) in all ackn	nowledgements:
		\Box I (we) wish to have our gift remain anony	ymous.
		Signature(s)	Date
Please make checks, corporate matches, or other gifts payable to:	Services of Hope Entities, Inc. 6540 Victoria Avenue Dallas, TX 75209 www.servicesofhope.org		