



## Credit Card Donations

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I wish to make a one-time donation of: \$ \_\_\_\_\_

I wish to donate on a monthly basis the amount of: \$ \_\_\_\_\_

\_\_\_ Master Card \_\_\_ Visa

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed please submit the form to:**

Hopewell Children's Homes Inc.  
5651 Wellington Road # 86  
R.R. #1  
Ariss, ON  
N0B 1B0

**Fax:** 519-836-8830

**Email:** [info@hopewellchildrenshomes.ca](mailto:info@hopewellchildrenshomes.ca)