



LittlePink
Houses of HOPE

DONATION FORM

Hope is a verb.

Give a family time to rest, reconnect, and remember hope.

Your gift supports free retreats for families affected by breast cancer.

SUPPORT A FAMILY: \$2,500

☐ One-time gift of \$2,500

☐ Monthly gift of \$208

\$208/month is approximately \$2,500/year (\$2,496 over 12 months).

☐ \$100

☐ \$250

☐ \$500

☐ Other \$

01 YOUR INFORMATION

Name

Address

City

State

ZIP

Email

Phone

02 TRIBUTE GIFT (OPTIONAL)

☐ In memory of

☐ In honor of

Please notify

Address

City

State

ZIP

03 PAYMENT

☐ Check enclosed

☐ Charge my credit card

Card number

Name on card

Expiration (MM/YY)

CVV

Signature

For monthly gifts, I authorize a recurring \$208 charge until I request cancellation.

MAIL THIS FORM AND YOUR GIFT TO:

Little Pink Houses of Hope

2442 Tribek Ct. | Burlington, NC 27215

Make checks payable to Little Pink Houses of Hope.

GIVE ONLINE

www.littlepink.org

Tax Exempt EIN: 27-3365488



Financial gifts are tax deductible as allowed by law. Thank you for sharing hope.