



# HOPE813 MINISTRIES

## Donor Intake Form

Thank you for your generosity. Please complete this form so we can properly steward your gift and keep you informed of the impact you're making.

### DONOR INFORMATION

☐ Individual      ☐ Corporate / Organization      ☐ Foundation / Trust

Full Name / Organization:

Mailing Address:

City / State / ZIP:

Phone:       Email:

### GIVING DETAILS

#### Gift Frequency:

☐ One-Time Gift      ☐ Monthly (Hope Partner)      ☐ Annual

Gift Amount: \$       **OR Select a Level:**

☐ Friend (Under \$25/mo)      ☐ Partner (\$25–\$49/mo)      ☐ Advocate (\$50–\$99/mo)      ☐ Legacy Builder (\$100+/mo)

#### Payment Method:

☐ Credit / Debit Card      ☐ Bank Transfer (ACH)      ☐ Check (mailed)

### AREA OF INTEREST (optional — select any that apply)

|                                                          |                                                      |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Where Needed Most               | <input type="checkbox"/> Forged (Men's Discipleship) |
| <input type="checkbox"/> Anchored (Women's Discipleship) | <input type="checkbox"/> Signal (Youth)              |
| <input type="checkbox"/> Made (Children)                 | <input type="checkbox"/> TEND (Pastoral Renewal)     |
| <input type="checkbox"/> Hope Theological University     | <input type="checkbox"/> Corporate Partnership Info  |

### ADDITIONAL INFORMATION

☐ My employer offers a matching gift program.

☐ I would like my gift to remain anonymous in all public recognition.

☐ I am interested in learning about planned / legacy giving.

Comments / Prayer Requests:

## ACKNOWLEDGEMENT

HOPE813 Ministries is a registered nonprofit ministry. Your gift may be tax-deductible to the extent allowed by law.

Signature:

Date: