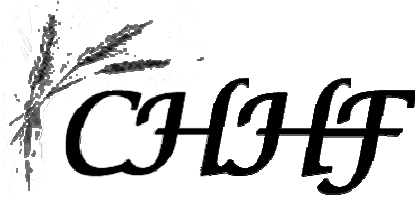


FAX to:  
301-809-0021



Children's Harvest of Hope Foundation

James 1:27: "Pure religion and undefiled before God and the Father is: visit the fatherless and the widows ..."

## Children's Harvest of Hope foundation - Pledge Form

I/We hereby pledge support to Children's Harvest of Hope Foundation

Individual's Name: \_\_\_\_\_

Group or Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_  Please Email me news about CHHF

(Please check all that apply and mail or FAX this form to: CHHF – 12105 Quilt Patch Lane – Bowie, MD 20720 – FAX 301-809-0021) Make checks payable to: **Children's Harvest of Hope Foundation**

I am/We are Enclosing a  Check  Cash in the amount of \$ \_\_\_\_\_

I/We will make recurring donations: of \$ \_\_\_\_\_ Start (date): \_\_\_\_\_

Check  Cash  monthly  quarterly  annually

I/We want to arrange a monthly EFT of \$ \_\_\_\_\_ from my/our financial institute to **Children's Harvest of Hope Foundation** ( Electronic Funds Transfer fees, if any, may vary depending on the financial institute. CHHF will provide you with the beneficiary bank information.)

Please Charge my Credit card  Visa  MasterCard Start (date): \_\_\_\_\_

(qty) \_\_\_\_\_ monthly payments for a total amount of \$ \_\_\_\_\_

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

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



[www.chfhq.org](http://www.chfhq.org)  
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Email: [info@chfhq.org](mailto:info@chfhq.org)

