

Circle of Hope Pledge Card

YES! SCI can count on my support.

Date

Name

Organization or Workplace

Address

City

State

Zip

Day Phone

Fax

Evening Phone

Mobile Phone

E-Mail

Web Site

SCI's Circle of Hope has the following giving options:

Please check one or more boxes:

Donate one day of shelter services for one client --- \$136.94 per month for _____ months

Provide three meals a day for one month for one client -- \$164.10 per month for _____ months

Sponsor a 30 day shelter stay of \$4,108.20 for one client --\$342.35 per month for 12 months

Contribute a monthly gift of \$_____ for _____ months

I'd like to include The Inn in my estate. Please call me. () _____

Please call me: I have other thoughts to share. () _____

PAYMENT:

My check is enclosed, made payable to St. Christopher's Inn

Please charge my (check one):

Visa MasterCard American Express

 # _____ Expires _____ month _____ year

I've selected the giving option of donating \$ _____ monthly for _____ month(s). Please charge my credit card automatically at the beginning of each month.

My company will match my gift. The necessary paperwork is: enclosed sent separately