



P.O. Box 1202
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 501.358.4764

www.hopeandjustice.org

Plant Your Seed of HOPE for a Child's Future

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

I wish to make a contribution in the amount of \$_____

This contribution is a:

- One Time Gift Monthly Gift Quarterly Gift
 Semi-Annual Gift Annual Gift

- Please find my enclosed check payable to the Children's Advocacy Alliance.
 Please find my voided check attached and my/our authorization below allowing the Children's Advocacy Alliance to initiate Automatic Withdraws

- Please find my bank account/credit card information provided below

*You may also visit www.hopeandjustice.org to make your online donation

I, _____, authorize the Children's Advocacy Alliance to charge my bank account/credit card indicated below in accordance to the indicated frequency above beginning on (mm/dd/yy) _____ and ending on (mm/dd/yy) _____.

Account Holder Name: _____

Checking Savings Account # _____ Routing: _____

Card # _____ Exp. Date: _____ CVC: _____

Visa MasterCard Discover AMEX

This account is to remain active until Children's Advocacy Alliance has received written notification (from either of us) of its termination in such time and in such manner as to afford Children's Advocacy Alliance and your bank a reasonable opportunity to act on it.

Signature _____ Date _____