



I want to help people develop their maximum potential physically, spiritually and economically and help Hosanna House remain "A place called hope!"

I would like to support Hosanna House with my tax-deductible gift made payable to: **Hosanna House, Inc.**

- \$1,000 (Ambassador of Hope level) \$500 \$250
- \$100 \$50 \$25 Other \$ _____

Enclosed is my check made payable to **Hosanna House, Inc.**

Please bill my: Visa MasterCard Discover Card # _____ Exp. _____

Date _____

Cardholder's Name _____ Signature _____

Donor Information:

Name _____ Birth Date _____

Address _____ Phone (Day) _____

City _____ State _____ Zip _____ Phone (Evening) _____

My/Our gift is: In memory of/In Honor of _____ Occasion _____

Please notify: Name _____ Address _____

City, State, Zip _____

- I am interested in including HHI in my will, please contact me.
- I have included HHI in my will. Please contact me.
- My employer has a matching gift program.
- Employer Name _____

Mail donation to **Hosanna House Inc., 807 Wallace Avenue, Wilkinsburg, PA 15221**