



The Ladder of Hope

Contributor Information (your personal information is kept confidential)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home: _____ Cell: _____ Work: _____

E-mail address: _____

I would like to remain anonymous in your annual report.

Invest in Our Mission

I would like to join the Ladder of Hope!

Membership Levels

- Rung to Wellness \$1,000 per year for 5 years
- Reach to Freedom \$5,000 per year for 5 years
- Bridge to Life \$10,000 per year for 5 years
- Realizing the Vision \$25,000 per year for 5 years

I would like to make a sustaining donation, as follows:

A sum of \$_____ Once Every: Month Quarter Year For ___ (# of years) ___ until I say stop

I would like to make a one-time donation in the amount of:

- \$2,500 \$1,000 \$500 \$100 \$50 Other \$

Matching Contributions

Does your employer match contributions? Yes No

Please provide a matching donation form from your employer if applicable.

Method of Payment

My check is enclosed, payable to Guild.

Please bill my credit card: Card type: Visa MasterCard Discover AMEX

Account Number: _____

Expiration Date: _____ CVV Code: _____

Signature of Cardholder: _____

Charge my credit card: Monthly on the: 1st 15th Quarterly: Mar/Jun/Sept/Dec

Please withdraw my contribution from my Savings/Checking. **Complete bank information on reverse.**

Please contact me about making my gift with stock.

Please contact me about including Guild in my estate plans.

Contributor Banking Information (your personal information is kept confidential)

I would like you to withdraw my contribution from (check one): Checking Account Savings Account

Name of Financial Institution: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Please withdraw \$ _____ on the 1st or 15th of each month or Quarterly: Mar/Jun/Sept/Dec

I authorize Guild to initiate withdrawals from my checking/savings account. These withdrawals will remain in effect until I notify Guild in writing to cancel them in such a time frame as to afford the organization a reasonable opportunity to act. I can stop payment of any withdrawal by notifying my financial institution three days before my account is charged.

Signature: _____ Date: _____

Get Involved

Please contact me about becoming a volunteer and other ways I can support your mission.

Learn More

Visit us: www.guildservices.org

Contact George Broostin: 651-925-8454 or gbroostin@guildservices.org

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