



Print this sheet and mail in to our office with your donation.

PARTNER WITH US TODAY TO GIVE THE GIFT OF HOPE

A. GIVE TODAY: *(Examples of what your gift could fund)*

- \$100**
(Provides 7 patients a Believe Mug)
- \$250**
(Helps to fund mistletoe research)
- \$500**
(Provides 25 patients free resources)
- \$1,000**
(Provides 10 Baskets of Hope)
- \$2,500**
(Provides 12 Wellness Grants)
- \$5,000** *(Funds a part-time position for patient advocacy)*
- Other \$ _____

B. GIVE MONTHLY:

- I am an existing Monthly Partner and want to increase my giving by \$ _____
- I would like to become a Monthly Partner.

In Honor/Memory of *(optional):*

MONTHLY GIFT AMOUNT: (circle one)

\$25 \$50 \$100 \$250 \$500

or \$ _____ per month.

Credit card (fill out box below)

Checking account (enclose a voided check)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My work has a Matching Gift Program: Yes No

| CREDIT CARD DONATION | | | |
|-----------------------------------|-------------------------------------|-----------------------|------------|
| <input type="checkbox"/> One-Time | <input type="checkbox"/> Monthly | _____ - _____ - _____ | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | Exp: _____ / _____ | CVV: _____ |
| <input type="checkbox"/> AmEx | <input type="checkbox"/> Discover | Signature: _____ | |

Believe Big is a 501(c)(3) nonprofit charity. Your donation is tax-deductible and sincerely appreciated.