

Yes, I/We wish to support **Victoria Zhao**

My/Our name and Mailing Address are:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I /We wish to give \$_____per month**, \$_____per quarter, or \$_____per year

Beginning____/____/____, For how long?_____

I /We wish to make a one-time contribution in the amount of \$_____

Have you contributed to Living Hope International before? ____Yes ____No

Please make checks payable to **Living Hope International** and mail to:

Living Hope International, P.O. Box 183, Fort Washington, PA 19034

All donations are tax-deductible

**Complete the following if you choose the automatic monthly payment option:

I hereby authorize Living Hope International to charge the following account each month for the amount designated to **Victoria Zhao**.

_____Checking Account (enclose voided check) _____Debit /Credit Card

_____Card Type _____Card Holder's Name _____Card Number _____Expiration Date

Payments will be withdrawn on the 25th of each month. You may change or cancel this payment option at any time by notifying us.

Signature: _____ Date: _____