

Interfaith Outreach Association
2021 Seeds of Hope
Fundraising Event

I would like to become a member of the “Building Hope” Society

- _____ Star of Hope, \$2,000 per year for 5 years (\$167/month or \$5.48/day)
- _____ Good Samaritan of Hope, \$1,000 per year for 5 years, (\$84/month or \$2.74/day)
- _____ Guardian of Hope, \$500 per year for 5 years, (\$42/month or \$1.37/day)
- _____ Brother/Sister of Hope, \$_____ for _____ year(s)

IOA is a 501 (c)(3) nonprofit association registered with the State Commonwealth Commission, Tax ID 54-1214253.
Your contribution is tax deductible to the fullest extent of the law.

Payment

- _____ My check is enclosed, made payable to Interfaith Outreach Association.,
701 Clay St. Lynchburg, VA 24504
- _____ Please charge my Visa/MasterCard # _____
- Expiration Date _____ Billing Zip Code _____ 3 Digit Code _____
- _____ Please contact me about paying my pledge with stock.
- _____ My employer, _____, will match my charitable donation.
- Print Your Name: _____
- Address: _____
- Signature: _____ Date: _____

Thank you for your generosity!

- I/We would like this gift to be: (optional)
- _____ In honor of: _____ In memory of: _____ A special occasion gift:
- Name and Address: _____
- or-
- _____ Please contact me for names and addresses to be notified.

- _____ Please contact me, I have other ideas to share.
- _____ Please contact me about volunteer opportunities.
- _____ Please contact me about continuing my *Gift of Hope* through my will, trust, or policy.