

*Give a gift to  
change a life!*



hope and  
**Partners in Housing**  
**Donation Form**

**Mail this form to:**

Partners In Housing  
Attn: Donnis Martin  
455 Gold Pass Heights  
Colorado Springs, CO 80906

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I want to join the work of Partners In Housing and change a life!**

*Please choose your payment method from the options below:*

- My check is enclosed and made out to "Partners In Housing".
- I wish to make a recurring gift of \$ \_\_\_\_\_ paid  monthly  quarterly  yearly  
Please bill my credit card on the \_\_\_\_\_ day of the month starting \_\_\_\_\_.  
(date)
- Enclosed is my one-time credit card gift of \$ \_\_\_\_\_.

Charge my credit card (circle one)    VISA    MasterCard    Discover

Name on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ V-Code: \_\_\_\_\_

*Your gift will change a life!  
Thank you!*

