



DONATION FORM

Please print this form and complete the below information to ensure proper preparation of your receipt.

Today's Date: _____ Donation Amount: _____
(checks made payable to 'Ozarks New Hope')

Name: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I would like my donation to go to general support (check the following box).

OR:

I would like my donation to benefit the following Ozarks New Hope program: _____

Signature: _____

Printed Name: _____

Job Title (if applicable): _____

Ozarks New Hope is a 501(c)(3), non-profit organization. Due to this designation, your gift qualifies as a charitable deduction for federal income tax purposes. Ozarks New Hope will mail you a receipt to keep for your tax records.

If you have any questions, contact Ozarks New Hope at 417-929-1872 or info@ozarksnewhope.org.