



**HOPE'S ANGELS
YOUNG PROFESSIONAL COMMITTEE
Payment Information**

Card Holder Name: _____

(Exactly as on card)

Visa/MasterCard/Discover/AMEX: _____

Card Account Number: _____

Expiration Date: _____ Security Code: _____

HOPE'S Angels membership annual contribution is \$ 500.00. How would you like to pay:

Monthly (\$41.67/Mth.) Quarterly (\$125.00/Qtr.) Annually (\$500.00)

BILLING ADDRESS:

First/Last name: _____

Company Name: _____

Address: _____

Address 2: _____

City, State, & Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

All membership proceeds will go to helping serve the homeless families and veterans we serve.