



# Donation Collection Form

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

Group Name (if any): \_\_\_\_\_

**Will you please sponsor me with a donation to New Hope Ministries?**

**Every \$25 helps feed a family of four for one week at New Hope. Thank you!**

Goal: \_\_\_\_\_

Complete the information below or donate online at [nhmpa.kindful.com/feedafriend](http://nhmpa.kindful.com/feedafriend)

Donor Name	Mailing Address	Phone Number	Donation Amount	Cash, Check #, Online	Received? ✓
John Sample	123 Main Street, Anytown, PA 17555	555-1234	\$30	Cash	✓
Receipts will be issued for gifts of \$25 or more with a complete mailing address.			<b>Total Received:</b>		



**Thank you for supporting our neighbors in need through Feed-A-Friend!**

*Food donations also gratefully accepted.*