



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

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.			Total Received:		



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

Food donations also gratefully accepted.