



Project New Hope  
Donation Form

First Name	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Province/Region	<input type="text"/>
Zip	<input type="text"/>	Country	<input type="text"/>
Email	<input type="text"/>	Day Phone #	<input type="text"/>

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I would like to make a donation in the amount of \$

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Please charge my credit card:  Visa  
 MasterCard  
 American Express

Card Number

Expiration Date

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Enclosed please find my check (Make checks payable to Project New Hope)

Check Number

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Please mail your donation to:  
Charlayne Osborne  
Project New Hope  
1004 Echo Park Avenue - Los Angeles, CA 90026  
Phone: (213) 250-94816 - Fax: (213) 250-9531