



## Donations & Memorial Contributions

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Co-donor Name, First \_\_\_\_\_ Last \_\_\_\_\_

E-mail \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

My name may be identified as a supporter of Hope Springs Farm

I wish my gift to remain anonymous

### Memorial Contributions (Optional)

Make a contribution to Hope Springs Farm in a loved one's name

In Honor Of

In Memory Of

Name \_\_\_\_\_

**Donation Amount \$** \_\_\_\_\_

Credit Card

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date Month \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_

Check Enclosed - Make checks payable to *Hope Springs Farm Fund*

Thank you for your donation!

### Mail To:

Nina Rovner

Hope Springs Farm

201 Trail Road

Hershey, PA 17033