



Orpe Human Rights Advocates  
Ministry of Restoring Hope

## Gift Form

I want to join the Ministry of Restoring Hope (Minimum of \$1,000 annually for 5 years)

- Offer Hope - \$1,000 per year for 5 years (only \$84 per month)
- Restore Dignity - \$5,000 per year for 5 years
- Transform Lives - \$10,000 per year for 5 years

I have already joined the Ministry of Restoring Hope and:

- I have enclosed my annual gift of \$\_\_\_\_\_.
- I would like to increase my annual gift by \$\_\_\_\_\_ per year.
- I would like to extend my current giving plan for an additional \_\_\_\_\_ year/s.

I would like to contribute in other ways:

- I would like to give \$\_\_\_\_\_ annually for \_\_\_\_\_ years.
- I am making a one time gift of \$\_\_\_\_\_.

Please contact me, I have other ideas to share:

- I would like a tour.  I am interested in being an Ambassador of the Kingdom of Heaven (AKH).

### My Information

Name \_\_\_\_\_ Ambassador of the **Kingdom of the Heaven** \_\_\_\_\_

Preferred mailing address  home  business (business name) \_\_\_\_\_

Full Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Home  Business  Cell

Email \_\_\_\_\_

### Payment Information

- My check payable to **Orpe Human Rights Advocates** is enclosed.
- Please charge my credit card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

Please charge my gift:  Now  Monthly  Quarterly  Yearly for \_\_\_\_\_ years.

Card Billing Address (if different than above) \_\_\_\_\_

- Contact me about paying my gift with stock.
- My company \_\_\_\_\_ will match my gift.

[www.orpe.org](http://www.orpe.org)

Email us at: [giving@orpe.org](mailto:giving@orpe.org)

Thank you for helping people reach their full potential!