

HOPE  585's

# SUSTAINING HOPE

## *Giving Society*

JOIN SUSTAINING HOPE TODAY  
AND HELP US TURN HOPE INTO ACTION.

Hope is the belief that your future can be better than your past and that you have the power to make it so. At HOPE585, we hold firm in our conviction that together, we can strengthen children and families, transforming challenges into opportunities for growth and change.

You can become an integral part of our mission by partnering with us. With your support, we can address the unique challenges of those we serve.

### YOUR GENEROSITY ALLOWS US TO:

- Empower parents to provide for their children effectively
- Prevent the need for children to enter the foster care system
- Address the critical priorities and immediate needs of youth and families
- Ensure a safe, nurturing environment for youth in foster care
- Equip youth with the tools needed for a successful transition to independence

### GIVING LEVELS:

- |  |  |
|--|--|
| <input type="checkbox"/> Planting Hope (\$500 annually)            | <input type="checkbox"/> Budding Hope (\$501 - \$999 annually) |
| <input type="checkbox"/> Growing Hope (\$1,000 - \$2,499 annually) | <input type="checkbox"/> Flourishing Hope (\$2,500+ annually)  |

Thank you for joining the Sustaining Hope Giving Society. Your commitment will help countless children and families experiencing crisis in our community.

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## SUSTAINING HOPE PLEDGE CARD

I/We are supporting HOPE585 and with a pledge of \$ \_\_\_\_\_ annually.

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACKNOWLEDGEMENT DETAILS:

☐ List my/our name(s) as follows:

\_\_\_\_\_

☐ I/We prefer that this gift remain anonymous.

☐ I/We prefer not to be listed on printed honor rolls.

☐ This is a Corporate investment. Company name to be recognized as follows:

\_\_\_\_\_

### PAYMENT INFORMATION:

☐ Enclosed is my check made out to HOPE585.

☐ Please bill my ☐ Amex ☐ Visa ☐ MC ☐ Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

This gift will automatically renew each year. I/We may opt out of participating at any time by notifying HOPE585 in writing.

For more information or questions about joining Sustaining Hope, contact Heidi Schmitt at (585) 261-0583 or [info@hope585.org](mailto:info@hope585.org).

Please return this card to our office at: HOPE585 - 111 N. Chestnut St. Rochester, NY 14604 or complete your donation online at our website: [www.hope585.org](http://www.hope585.org). Thank you for your generosity and commitment to this mission.