



**Yes!** I would like to support New Hope Christian School by providing:

Prayer support

A one time gift (enclosed)  \$1000  \$750  \$500  \$250  \$100  Other \$ \_\_\_\_\_

A gift to be given  Monthly  Quarterly  Annually

Please contact me about:

Donating stocks to NHCS

Listing NHCS as a beneficiary

Endowment Fund

Volunteer Opportunities

Scheduling re-occurring payment by  
"automatic withdrawal" from my bank account.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mail to: 5961 New Hope Road ~ Grants Pass OR 97527  
(541) 476-4588**