



## Mail-In Donation Form

Date: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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I am not interested in the run/walk, but I would like to make a contribution:

\$20  \$25  \$50  \$\_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** Hope Academy of West Michigan

Please mail your donation to:

Hope Academy of West Michigan  
240 Brown Street SE  
Grand Rapids, MI 49507  
Attn: Jill Jensen