

How You Can Help!

- Enclosed is my check for a Monthly Support amount of \$_____ or a One Time Gift of \$_____.
- I will provide Prayer Support for Soaring Hope and share its exciting mission with others.
- I may be able to volunteer in the following ways (please check all that apply):
 - Participate on a trip as a _____
 - Packing supplies before a trip
 - Hosting a pre- or post-trip dinner
 - Other

Please print

Name _____

Address _____

Telephone (_____) _____

E-mail _____

City _____ State _____

Zip _____

Please return in an envelope and send tax-deductible items to:



**Soaring Hope, Inc.
619 S. College Ave., Suite 9
Fort Collins, CO 80524**