



CIRCLE OF HOPE SOCIETY



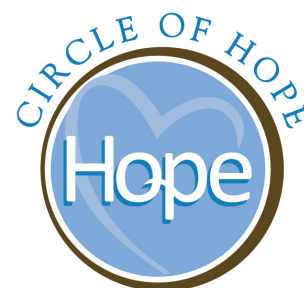
WHAT IS CIRCLE OF HOPE

Circle of Hope members are both individuals and businesses that pledge to give on a multi-year basis. Circle of Hope funds support the 30+ programs that we offer and allow Catholic Charities to meet special challenges and emergencies as they arise. Circle of Hope members help the hungry, the homeless, and anyone who is troubled or in need of aid and support. We believe in offering a helping hand to give individuals, of any belief, a different and better tomorrow.

A \$1,000 contribution can provide food for over 30 families of four with a week's worth of food when a unexpected crisis occurs.

WHY BECOME A MEMBER?

You can help make a different tomorrow! Circle of Hope members believe in the mission of Catholic Charities: building communities, promoting family life and enhancing human dignity by providing quality services to meet the physical, social, emotional and spiritual needs of individuals and families of all faiths and beliefs. Members are dedicated to making a difference in our community.



To become a member, complete the membership form or contact Wendy Haus at (320) 650-1675.



HOW CAN I BECOME A MEMBER?

You can join our Circle of Hope by committing to a minimum pledge of \$1,000 a year. Options are below.

☐

Make a different tomorrow for a child. *\$1,000 each year for 5 years (\$83.34/month)*

☐

Make a different tomorrow for a family. *\$5,000 each year for 5 years (\$416.67/month)*

☐

Make a different tomorrow for a community. *\$10,000 each year for 5 years (\$833.34/month)*

☐

Make a different tomorrow for a lifetime. *\$20,000 each year for 5 years (\$1666.67/month)*

Payment:

I would like my contribution to start: ____ / ____ / ____

I would like to contribute: ☐ Annually ☐ Quarterly ☐ Monthly

I would like to make my contribution via: ☐ Check ☐ Credit Card ☐ Automatic Withdrawal

(Please make checks payable to Catholic Charities.
A blank check must be attached if you would like to
pay via automatic withdrawal)

Credit Card Information: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on card: _____

Card number: _____

Expiration date: _____

Signature: _____

Date: _____

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Signature: _____

Please mail to: Catholic Charities, 911 18th Street North, St. Cloud, MN 56303