

Journey of Hope sm
15607 Delaware Avenue, Lakewood, OH 44107
216-262-0612

Donation Form

Date: _____

Donor Information

Name/Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

If company donation, name of contact person: _____

Gift Information

Amount Donated: _____

*Journey of Hope is a 501(C)(3) non-profit organization, Tax I.D. #34-1936925.
Determination of item value for donor's tax purposes is the sole responsibility of the donor.
Written acknowledgment will be provided upon receipt of your donation.*