



Yes! I want to Shine a

LIGHT of HOPE

by becoming a

Sustaining Donor

See reverse for One Time Donation

Use my tax-deductible gift to help bring refuge, redirection, and restoration to the lost and homeless girls of Kenya!*

Please complete the following:

Authorization for Automatic Monthly Payments

I request and authorize Light of Hope Kenya to charge my Visa/Master/Discover card on the 15th of each month in the amount of

\$ _____ per month
as a donation by me to Light of Hope Kenya.

Name _____

Address _____

City State Zip _____

Visa MasterCard Discover

Card Number _____

3-digit security code _____

Expiration date ____/____

Automatic payments will continue at the stated amount until Light of Hope Kenya receives a notice to change.

Signature _____

***Thank you for helping to
Shine a Light of Hope!***

MAIL: Sandy and Boni Karanja, Light of Hope Kenya
4208 Hemlock Ln N, Plymouth, MN 55441

CALL: 763-559-8688

EMAIL: info@lightofhopekenya.org

www.lightofhopekenya.org

*Light Of Hope Kenya is a Tax Exempt 501(c) (3)
Organization, Taxpayer ID 71-0886289



Yes! I want to Shine a

LIGHT of HOPE

by making a

One Time Donation

See reverse to become a Sustaining Donor

Use my tax-deductible gift to help bring refuge, redirection, and restoration to the lost and homeless girls of Kenya!*

Please complete the following:

One Time Donation Amount

\$200 \$500 \$1,000 \$2,000

Other \$ _____

Name _____

Address _____

City State Zip _____

Indicate Payment Choice

Use my Event Bid Number: # _____

Check Enclosed (payable to "Light of Hope Kenya")

Use an Alternate Credit Card (complete info below)

Visa MasterCard Discover

Card Number _____

3-digit security code _____

Expiration date ____/____

Signature _____

***Thank you for helping to
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