

Vision of Hope
c/o National Sexual Violence Resource Center/
Pennsylvania Coalition Against Rape
125 North Enola Drive
Enola, PA 17025

I would like to support Vision of Hope's effort to prevent child sexual abuse; enclosed is my
**check (or credit card information) in the amount of \$_____.

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address: _____

Credit Card Payment (VISA or MasterCard Accepted ONLY)

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Vision of Hope E-Alerts

_____ Yes, I would like to receive occasional updates from Vision of Hope at my e-mail
address.

Donor Recognition

_____ Yes, you may publish my name as a donor.

Comments or Questions for Vision of Hope:

Signature: _____ Date: _____

For more information, call 1-800-692-7445 ext. 130.

** Any fees incurred due to insufficient funds will be the responsibility of the donor.