



YOUR HELP IS THE FIRST STEP IN PROVIDING HOPE.

GATEWAY TO HOPE ANNUAL APPEAL

Yes, I would like to help uninsured or underinsured individuals diagnosed with breast cancer receive lifesaving medical care and support.

Gateway to Hope Gifts of Life:

- Hope: \$1,000 and above
- Health: \$500 – \$999
- Healing: \$100 – \$499
- Help: up to \$99



Amount of my gift \$ _____

- I would like to include Gateway to Hope in my estate plans.
- My company offers a Matching Gift Program.

Donor Information:

Name _____
(as you want it printed)

Address _____

City _____

State _____ Zip Code _____

E-mail _____

Daytime Telephone _____

Method of Payment:

- Enclosed is a check made payable to Gateway to Hope
- Make a donation online - please visit: www.gthstl.org
- Visa MasterCard Discover

Name on Card: _____

Billing Address _____

Card Number: _____

Exp. Date _____ (required): CVV code: _____

Contributions to the Gateway to Hope Annual Appeal will be recognized in our newsletter, unless otherwise instructed. Donations are tax deductible to the extent allowed by law. For more information, please call the Gateway to Hope office at 314-569-1113 or visit us online at: www.gthstl.org.

Thank You!