



## Beacon of Hope Sponsorship Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

I would like to:

- Make a one-time donation – Amount: \$ \_\_\_\_\_  
(Cash/Check)

Designated for \_\_\_\_\_

(Specify or leave blank)

- Become a monthly sponsor – Choose level below
- \$30
  - \$60
  - \$90
  - Other amount - \$ \_\_\_\_\_

*To become a sponsor or make a donation mail this form to  
Raining Hope, 3451 Foothill Road, #206 Ventura, CA 93003*

*Any questions?*

*Call Eydie Miskel, Executive Director, at (805) 340-7612*

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