



Yes! I want to support SDS Hope House and help restore lives.

Enclosed is my gift of \$ 20 \$30 \$50 \$100 Other \$_____

I would like to contribute Monthly Quarterly One Time Other _____

SDS Hope House is a 501(c)3 charitable organization. Your gifts are tax-deductible.

Your Name _____

Address _____

Phone _____ E-mail _____

Make your check payable to 'SDS Hope House, Inc.' and return to:
SDS Hope House, Inc. c/o 1450 S. Melrose Drive Oceanside, CA 92056