



**HOPE Online Membership Order Form**  
**For Check Payments Only - Do not send cash.**



**Beth and Keith Beutler**

Honor God  
Order our lives  
Progress personally  
Engage well with others

PO Box 80424  
Simpsonville SC 29680-0008  
864-862-5066

[www.hopeunlimitedforyou.com](http://www.hopeunlimitedforyou.com)

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If ordering with debit/credit card, please order online via  
[www.hopeunlimitedforyou.com/membershipbenefits.html](http://www.hopeunlimitedforyou.com/membershipbenefits.html).

Online payments are preferred but we are happy to serve customers paying by check.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_  
(In case we have a question about your order.)

E-mail Address: \_\_\_\_\_  
(Required)

Birthday (month/day): \_\_\_\_\_

*Fill out applicable parts below:*

I am enrolling (or already am) a silver member and making a one-time donation (or additional donation) of \$\_\_\_\_\_

I want to enroll several people as silver members. My donation of \$\_\_\_\_\_ is meant to cover the following individuals. (Use space below or on the back to provide name and email address for each person.)

I am enrolling as a gold member with a donation of \$\_\_\_\_\_. The amount included is to enroll me for \_\_\_\_\_ month(s). (Donation should equal at least \$5 per number of months indicated.)

I want to enroll several people as gold members. My donation of \$\_\_\_\_\_ is to apply as a (minimum \$5) donation for a period of \_\_\_\_\_ months for each person. Use space below or on the back to provide name, regular mail, birthday (month, day) and email address for each person.

*Name                      Mailing Address                      Birthday                      Email*

Please make check payable to **HOPE Unlimited** and mail to:

HOPE Unlimited  
PO Box 80424  
Simpsonville, SC  
29680

**Please do NOT make out checks to anything but HOPE Unlimited** or we will have to return it to you. Thank you!

Thank you for your order! We look forward to serving you.