

Circle Choice: \_\_\_\_\_ Payment Choice: Check enclosed \_\_\_\_\_ Credit Card \_\_\_\_\_

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

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

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

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

**Credit Card Information**

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name (as shown on card) \_\_\_\_\_

Signature \_\_\_\_\_

Hope Springs Institute • 4988 Mineral Springs Road • Peebles, OH 45660 • 937 587-2602

# Hope Springs Institute

## Invites You to Join a Circle of Hope

