



# CONTRIBUTE TO HOPE

Through its Humanitarian Outreach Project for Education Fund, Missouri NEA assists students and schools.

Hope is a thing with feathers  
that perches in the soul,  
and sings the tune without words  
and never stops at all.

—Emily Dickinson

**Missouri NEA’s HOPE Fund provides financial gifts to help children, educators and schools affected by tornados, fire, flood, funeral expenses and medical hardships.**

The HOPE Fund aids students who have been affected by a natural disaster, hardship or other special circumstance with school-related expenses such as the purchase of school supplies or clothing. The fund also provides financial assistance for educational-related supplies to schools that have been damaged or destroyed by fire or natural disaster.

Please consider making a one-time or recurring tax-deductible contribution and circulating this flier back home to continue to campaign to rebuild the fund so that it remains a valuable resource for school communities in need.

**To make a HOPE Fund contribution,** visit <https://www.mnea.org/hope-fund-contribution> or complete the form on the back of this flier. You may designate your tax-deductible contribution for a special cause or in honor/memory of a loved one. Missouri NEA will send a notice of the contribution to the recipient(s).

Please send the form and payment (check or credit card) to Missouri NEA, 1810 East Elm Street, Jefferson City, MO 65101. Make checks out to MNEA Charitable Fund.

**To request assistance** complete a request form at <https://www.mnea.org/hope-grant-application>



Missouri National Education Association  
www.mnea.org  2017

Click here to submit your contribution online rather than using a form.



# Please accept my HOPE Fund contribution



First Name / Last Name \_\_\_\_\_

Street Address / Apt./Suite \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Email \_\_\_\_\_

Home Phone Number \_\_\_\_\_

School District \_\_\_\_\_

Local Association \_\_\_\_\_

NEA ID (optional) \_\_\_\_\_

Social Security Number (last four digits) \_\_\_\_\_

### Contribution is:

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Special circumstance charitable contribution to be used for  
\_\_\_\_\_

### Person, Special Event or Cause:

Please send notice of my contribution to the following individual(s):

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Recurring or one-time credit card payment:

*This payment option requires a minimum contribution of \$5.*

Recurring Amount  Monthly  Quarterly

One time only

Start Date \_\_\_\_\_ Number of Payments \_\_\_\_\_

Credit Card  Visa  Mastercard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Card Security Code (3 digits) \_\_\_\_\_ Exp. (Month/Year) \_\_\_\_\_

