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

Over the past ten years Missouri NEA’s HOPE Fund has provided 395 financial gifts totaling $199,000 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 www.mnea.org/Missouri/HOPE-Fund- Contribution.aspx 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 www.mnea.org/Missouri/HOPEfundRequestForm.aspx.
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) ____________

Please accept my Fund contribution