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

—Emily Dickinson

Since its inception in 1993, Missouri NEA’s HOPE Fund has provided financial gifts totaling more than $235,000 to help children, educators and schools affected by tornadoes, fire, flood, funeral expenses and medical hardships.

MNEA would not be able to provide this service without the generosity of others. Please consider making a one-time or recurring tax-deductible contribution and circulating this flyer back home to continue to campaign to rebuild the fund so that the HOPE Fund remains a valuable resource for school communities in need.

To make a HOPE Fund contribution, click on the DONATE button using the Missouri NEA mobile app or visit www.mnea.org/GiveHOPE.

Students, members and schools may be in need of financial assistance during trying times. The HOPE Fund has been designated to provide relief to victims of natural disasters; relief to the poor, distressed or underprivileged; and research and implementation of projects that address critical needs in education.

Current MNEA members, may request assistance by completing a request form at www.mnea.org/HOPE.
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