

Building Strength, Stability, and self-reliance through shelter **Volunteer | Donate**

INFORMATION

Name:			
Billing Street Address:			
Street Address (cont.):			
City:	_ State:	Postal Code:	
Country:	I	Email	
Address:			
Direct Telephone: ()		Email:	
GIFT INFORMATION ☐ I have enclosed a check for a on ☐ I authorize a one-time charge aga ☐ I have enclosed a check for a rec ☐ I authorize a recurring charge aga ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$ once every ☐ ☐ day(s) ☐ \$ Beginning:/ and	ainst my credit courring charge against my credit of 100	gainst my bank account for the card for the following amount	ne following amount: t:
CREDIT CARD INFORMATIC Credit Card Type: □ MasterCard		erican Express 🗆 Discover C	ard
Number:			
Expiration Month: Expira	ation Year:		
Security Code:	_		
Cardholder/Checking Account	Owner Signatu	ire <u>X</u>	Date//
*If in memory or honor of provide	name with add	ress for acknowledgement lett	er:
I WOULD LIKE TO LEARN M Areas of interest: □Getting m □Construction □ReStore □S	ny church invo	olved Getting my com	pany involved

If your company matches your gift please attach their form.