



Building Strength, Stability, and self-reliance through shelter

Volunteer | Donate

INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____ Email: _____

GIFT INFORMATION

- I have enclosed a check for a one time gift
- I authorize a one-time charge against my credit card for the follow amount: \$ _____
- I have enclosed a check for a recurring charge against my bank account for the following amount:
- I authorize a recurring charge against my credit card for the following amount:
 - \$10 \$25 \$50 \$100 \$250 \$500 Other \$ _____
 - once every _____ day(s) week(s) month(s) year(s)
 - Beginning: ____/____/____ and ending after _____ payments until notified.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Cardholder/Checking Account Owner Signature X _____ Date ____/____/____

*If in memory or honor of provide name with address for acknowledgement letter: _____

I WOULD LIKE TO LEARN MORE ABOUT VOLUNTEERING

- Areas of interest: Getting my church involved Getting my company involved
 Construction ReStore Social Media Photography Other: _____

If your company matches your gift please attach their form.

Return to: P O Box 1929, Martinsville, IN 46151 | 765-349-9003