CHECK ONE: Mr. ☐ Miss ☐ Mrs. ☐ ☐ 1st Time Donor Jr. ☐ Sr. ☐

Last Name | First Name

Street Address

City | State | Zip Code

Phone - - | Month | Day | Year

MasterCard ☐ Visa ☐ Cash ☐ Check ☐ Amount $_____

Account #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: _____

Signature: _____

Your gift of kindness will be a lasting tribute as it feeds the hungry, clothes the naked, and brings the love of Jesus Christ to those in need.

My memorial donation is in loving memory of:

_____

Please send acknowledgement of my memorial donation to:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ - _____

No gift is too small to make a difference in the life of someone in need.