



DONATION FORM

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donation Amount: \$ _____ Check Cash

Credit Card: Visa Mastercard Discover Amex

One-time Donation Amount \$ _____

Monthly recurring Donation

\$ _____ Deduct on _____ day of each month

Card Holder Name: _____

Credit Card # _____

Exp: ___/___ CVC # _____ Billing Zip Code: _____

Please consider using your bank or credit union on-line banking option to set up recurrent payments. Most banking institutions can help you set that process up.

We process monthly payments through Square and PayPal. A portion of your donation goes to their fees instead of the benefit to the people the Mission serves.

Signature: _____ Date: _____