

DONATION FORM

Name _____ Today's Date _____
PLEASE PRINT CLEARLY

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

GIFT INFORMATION

Payment Method: Cash Check *Amount \$ _____

Please make check payable to: Union Gospel Mission Twin Cities, P.O. Box 64389, St. Paul, MN 55164

I'd like to make my gift by credit card: Visa MasterCard Discover AmEx

 Credit Card Number Expiration Date Cardholder's Signature CCV

 Cardholder's Name (PLEASE PRINT) Cardholder's Phone Number (REQUIRED)

Please use my gift to help hungry and homeless men, women and children in the following ways:

- Food, shelter and care.
- Wherever it is needed most.
- Other _____

Comments _____

* You will be mailed a receipt.

Yes, I would love a tour of the Mission. Please call _____ or email _____

Yes, I am interested in giving monthly. Please send me information.

Yes, I am interested in contributing to the UGMTC Endowment Fund. Please contact me.

Yes, I want information on how to include UGMTC in my will or other estate plans. Please contact me.

If you have questions, please call our Donor Services Department at 651-444-5801.

RECEIVED BY: UGMTC Staff Name _____ **Date** _____

