



*I Want To Provide Hope
To My Neighbors In Need*

Donor Name: _____
Address: _____
City, State, Zip: _____ Phone: _____
e-mail: _____

Preferred Communication: **E-Mail** (helps MUST save on printing & postage) **Postal Mail**

Check enclosed Check # _____ Amount \$ _____

Charge my **credit card** in the amount of \$ _____
 Visa MasterCard Discover American Express
Card # _____ Exp Date: _____
Signature: _____

I would like to donate \$ _____ by **EFT** (Electronic Funds Transfer)
Bank Name _____
Account# _____ Routing # _____
Signature: _____



MUST Shepherd: Monthly Giving Program

Make the above gift a monthly gift!

In **memory** **honor** of: _____
Please notify: Name: _____
Address: _____
City, State, Zip: _____

My Company participates in Matching Gift Programs. Please contact:
Name: _____ Company: _____

Mail to:
MUST Ministries
PO Box 1717
Marietta, GA 30061

OR

Fax to: 770-427-4445
(secure line)