Partnership

# C:\Documents and Settings\kevin\My Documents\My Pictures\ControlCenter3\Scan\logo2.bmpServants of the Streets Ministries

## Help the Addicted and the Oppressed

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City |  |
| State |  |
| ZIP Code |  |
| Telephone (home) |  |
| Telephone (business) |  |
| Fax |  |
| E-Mail |  |

### Pledge Information

I (we) pledge a total of $to be paid:
 now monthly quarterly yearly.

I (we) plan to make this contribution in the form of:
 cash check paypal other.

|  |  |
| --- | --- |
| Credit card type |  |
| Credit card number |  |
| Expiration date |  |
| Authorized signature |  |

Gift will be matched by (company/family/foundation).
 form enclosed form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

|  |
| --- |
|  |

 I (we) wish to have our gift remain anonymous.

|  |
| --- |
| Signature(s) |
| Date |

Please make checks, corporate matches, or other gifts payable to:

Servants of the Streets Ministries

803 W. Wolf Avenue

Elkhart, Indiana 46516

574.522.5511