SUSTAINER GIVING FORM

The City Rescue Mission is dependent on the gifts of compassionate supporters to provide care for the homeless and hungry. Your gift today will provide nourishing meals and safe shelter for homeless men, women, and children. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to City Rescue Mission. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) _____

Address_____

City _____ **State** _____ **Zip Code** _____

Telephone _____**Email** _____

☐ **I would like to receive the Mission's electronic newsletter In-Touch.**

I would like to make a: _____ One-Time Gift* **OR** _____ Monthly Gift*

Process my gift on the: _____ 5th **OR** _____ 20th of the month

In the amount of: _____ $10 _____ $25 _____ $50 _____ $100 **$** _____ **Other Amount** ***($5.00 minimum)***

Start my monthly gift on: _____/_____/_____ ***(mm/dd/ yyyy)*** **End my monthly gift on:** _____/_____/_____ ***(mm/dd/ yyyy)***

Please apply my gift to: _____ General Fund _____ Discipleship Program

_____ Food & Shelter _____ Pantry Party

_____ Women's Emergency Shelter _____ Moving Forward Campaign

Please make this a: _____ Donation _____ Memorial Gift _____ Honor Gift

In Memory/Honor of: _____

Comments: _____

_____ **Enclosed is a voided check for my donation**. Please transfer my gift from my checking account.

OR

_____ **My credit card information is listed below for my donation**. Please transfer my gift from my credit card.

Credit Card Account: _____ **Expiration Date** _____ /_____

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.rescuesaginaw.org or by contacting City Rescue Mission by phone or mail. All donations provided to City Rescue Mission comply with U.S. Law.

Signature _____ **Date** _____
(***Required***)

Please make a copy of this form for your records or you can request one from:

City Rescue Mission
PO Box 548 • Saginaw, MI 48607
(989) 752-6051 ext. 124 • www.rescuesaginaw.org