## SUSTAINER GIVING FORM

Good Samaritan 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 Good Samaritan 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	e the Mission's electron	ic newsletter I	n-Touch.			
I would like to make a:	One-Time Gift*	OR	_Monthly Gift*			
Process my gift on the:	5 <sup>th</sup>	OR	$20^{\text{th}}$ of the month			
In the amount of:	\$10\$25	\$50	\$100	\$	Other Ar	nount (\$5.00 minimum)
Start my monthly gift on:	//	(mm/dd/ yyyy)	End my monthly g	gift on: _	//	(mm/dd/ yyyy)
Please apply my gift to:			Women's I			
	Food & Shelter		Pantry Part	ty		
Please make this a:	Donation		Memorial Gift			_Honor Gift
In Memory/Hono	or of:					
Comments:						
OR	d check for my donatio			-		rd.
Credit Card Account:					Expiration <b>D</b>	Date /
VISA Restricted DISCUVER						
I understand my future donation suspend my gift any time by con- Mission comply with U.S. Law	ontacting Good Samaritan I					
Signature					Date	

(Required)

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

Good Samaritan Rescue Mission 713 9<sup>th</sup> St • Bay City, MI 48708 (989) 893-5973 ext. 221 • <u>www.gsrmbaycity.org</u>