

# GIVING FORM

The Samaritan Youth Shelter provides short term shelter and counseling services for homeless youth, ages 12 to 17.



**CONTACT**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

**GIFT INFORMATION**

I would like to make a donation to the Youth Shelter fund in the amount of:

\$30                                       \$210

\$90                                       \$\_\_\_\_\_ Other Amount

As a:                                      On the:                                      I wish my gift to start on:

One-Time Gift                                       5<sup>th</sup> of the month                                      \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)


Monthly Gift                                       20<sup>th</sup> of the month

Comments: \_\_\_\_\_

**PAYMENT INFORMATION**

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 Number: \_\_\_\_\_ 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.gsrmbaycity.org](http://www.gsrmbaycity.org) or by contacting Good Samaritan Rescue Mission by phone or mail. All donations provided to Good Samaritan 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:  
Good Samaritan Rescue Mission  
PO Box 613 • Bay City, MI 48707  
(989) 893-5973 ext. 123 • [www.gsrmbaycity.org](http://www.gsrmbaycity.org)