

# 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.

**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: *In Memory/Honor of:* \_\_\_\_\_

Donation

Memorial Gift

Honor Gift

**In the amount of:**

\$10

\$25

\$50

\$100

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

*(\$5.00 minimum)*

**Please apply my gift to:**

Boxers & Bloomers

General Fund

Food & Shelter

Women's Emergency Shelter

Men's Emergency Shelter

S.A.V.E. Program

2020 Vision

**As a:**

One-Time Gift

Monthly Gift

**On the:**

5<sup>th</sup> of the month

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

**I wish my gift to start on:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**Last gift date (optional):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

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.rescuesaginaw.org](http://www.rescuesaginaw.org) or by contacting City Rescue Mission of Saginaw by phone or mail. All donations provided to City Rescue Mission of Saginaw 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 48606  
(989) 752-6051 ext. 125 • [www.rescuesaginaw.org](http://www.rescuesaginaw.org)