



Hands of Mercy Ministries

Bringing God's love to the unreached and hope to the underserved

GIVING FORM

Money donated to HOMM will be used strategically to assist indigenous organizations and missionaries in sharing Christ with unreached people groups and serving the underserved.

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

GIFT INFORMATION

I'd like to make a: One-Time Gift Monthly Gift Quarterly Gift Annual Gift

On the: 5th of the month **OR** 20th of the month

Start Date: ____/____/____ (mm/yyyy)

In the amount of: ___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ \$250 ___ \$500 \$_____ Other Amount

All donations will be applied to our General Fund unless you notify us of a special ministry you want to support.

Comments: _____

PAYMENT INFORMATION

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

My credit card information. Please transfer my gift from my checking or credit card account.

Credit Card Number _____ Expiration Date ____/____/____

Yes! Please add the 3% Credit Card or \$0.25 ACH Processing Fee assessed to Hands of Mercy Ministries.

I understand my future gifts 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.homm.org or by contacting the organization by phone or mail. All gifts provided to Hands of Mercy Ministries comply with U.S. law.

Signature (Required) _____ Date _____

For Office Use Only

\$ _____ Processing Fee Amount (3% for Credit Card gifts or \$0.25 amount Checking Account gifts)

\$ _____ Total Donation Amount (required)

(Donation Amount specified above + Processing Fee)



Please make a copy of this form for your records, or you may also request a copy from:
 Hands of Mercy Ministries
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info@homm.org • www.homm.org