

## 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

As a:

☐ One-Time Gift

☐ Monthly 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

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.rescuemidmichigan.org](http://www.rescuemidmichigan.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.rescuemidmichigan.org](http://www.rescuemidmichigan.org)