

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 5th of the month _____/_____/_____ (mm/dd/yyyy)


Monthly Gift 20th 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.rescuemidmichigan.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.rescuemidmichigan.org