

SUSTAINER GIVING FORM

Good Samaritan 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 Good Samaritan 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:

☐ 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:

☐ 5th of the month

☐ 20th 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 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
713 9th St • Bay City, MI 48708
(989) 893-5973 ext. 125 • www.rescuemidmichigan.org