



DONATION GIFT FORM

WHAT AREA WOULD YOU LIKE YOUR GIFT TO SUPPORT?

- Wherever it is most needed
- Food for the Food Pantry
- Changing Lives Forever Program
- Mattress Purchase Program
- Homeless Empowerment Program
- Other _____

IS THIS GIFT IN MEMORY OF OR IN HONOR OF SOMEONE ELSE?

- In honor of
- In memory of
- For the anniversary of
- For the birthday of
- In celebration of

Name of the Person Being Honored or Remembered _____
NAME (FIRST, LAST)

ONE-TIME GIFT DONATION: \$ _____ To set up recurring monthly donations,
please call 317-924-5769.

FAMILY NAME AND ADDRESS TO NOTIFY FOR MEMORIAL/HONOR GIFTS:

NAME (FIRST, LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

YOUR CONTACT INFORMATION:

- MR.
- MISS
- MRS.
- MS.
- CUSTOM TITLE _____

NAME (FIRST, MIDDLE, LAST) _____

HOW WOULD YOU LIKE YOUR NAME TO APPEAR FOR RECOGNITION PURPOSES? _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____