



MUST MINISTRIES

I want to provide hope to my neighbors in need.

Mail to: MUST Ministries
PO Box 1717
Marietta, GA 30061

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Preferred communication:

Email (helps MUST save on printing & postage)

Mail

Check enclosed Check #: _____ Amount: \$ _____

I would like to donate \$ _____ by EFT (Electronic Funds Transfer)

Account type (checking or savings): _____

Bank name: _____

Account number: _____ Routing number: _____

Signature: _____

Charge my credit card in the amount of: \$ _____

Visa MasterCard Discover American Express

Card #: _____ Exp. date: _____

Signature: _____

Check here if you would like to cover the 3% credit card processing fee in addition to your donation.

I'd like to be a MUST Valuable Partner and become a monthly donor Amount monthly: \$ _____

Use my above donation information for monthly gift Please contact me to set up

In memory of In honor of Name: _____

Please notify: _____ Address: _____

My company participates in matching gift programs. Please contact: Name: _____ Company: _____