



*I Want To Provide Hope  
To My Neighbors In Need*

**Please designate my gift for:**

- Cherokee
- Marietta
- Smyrna
- Where Needed Most

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Check enclosed       Charge my credit card in the amount of \$ \_\_\_\_\_

Card# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Visa     MasterCard     Discover     American Express

Signature: \_\_\_\_\_

Charge my bank account in the amount of \$ \_\_\_\_\_

Account# \_\_\_\_\_ Routing # \_\_\_\_\_

Signature: \_\_\_\_\_

**For memorial or honorariums**

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**For Monthly Donors:**

Please charge my gift on the \_\_\_\_\_ day of the month.

**Notes:**

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Mail to: MUST Ministries

or Fax to: 770-427-4445

PO Box 1717

Marietta, GA 30061