



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 \$ _____ Bank Name _____

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:

Mail to: MUST Ministries

or Fax to: 770-427-4445 (secure line)

PO Box 1717

Marietta, GA 30061