



# 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:**

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Mail to: MUST Ministries

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

PO Box 1717

Marietta, GA 30061