

Donation Form



God's Kitchen of Michigan Capital Campaign

Mission Statement: To demonstrate our love to God, Jesus Christ, and our Brethren by serving free hearty and nutritious dinners to the poor and needy in Michigan.

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: ☐ now ☐ monthly ☐ quarterly ☐ yearly.

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ credit card ☐ other.

Credit card type | Exp. date _____

Credit card number | Sec. Code _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

☐ form enclosed ☐ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

☐ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

God's Kitchen of Michigan
P.O. Box 2632
Kalamazoo, Michigan 49003-2632