

# Donation Form



## God's Kitchen of Michigan

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 \_\_\_\_\_

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**