

DEDICATED
EMPLOYED
STRONGER
SMARTER
VALUABLE
CAPABLE
EMPOWERED
CONFIDENT

Jeremiah Program Donation Form

Contributor Information

First name	Middle Name	Last Name
Please list name(s) in annual report as:		
Phone (w) (h) (c)	E-Mail	
Address		
City	State	Zip
My employer will match my donation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure Name of company		

Contribution Detail

Amount of Contribution	Designation of gift (pick one) <input type="checkbox"/> Advancing the mission into new communities <input type="checkbox"/> Minneapolis-St. Paul, MN
<i>Optional: In honor of /In memory of (circle one)</i> Send acknowledgement to (please supply name & address below)	

Payment Information

<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Credit card	
<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Credit Card Number	Expiration Date	
Billing Address (if different from above address)		
Signature		

