



## Donation Form

Please provide the necessary information and return to:

David's House Ministries  
2390 Banner Dr. SW  
Wyoming, MI 49509

### Donation Information

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#### Gift Amount

- \$25** • cost of a resident's monthly one-on-one with a staff member
- \$50** • weekly fuel cost for one ministry van
- \$100** • daily grocery cost for one home
- \$250** • monthly activity budget for one home
- Other** \_\_\_\_\_

#### Gift Type

- Recurring (Monthly)
- One Time

#### Tribute Type (Optional)

I would like to dedicate this gift to someone. My gift is

- in memory of \_\_\_\_\_
- in honor of \_\_\_\_\_

### Contact Information

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Payment Information

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- Credit Card
- Cash / Check (Enclosed)

## Credit Card Information

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Card Holder Name \_\_\_\_\_

Visa

Card Number \_\_\_\_\_

MasterCard

Expiration Date (MM/YY) \_\_\_\_\_

Discover

Security Code \_\_\_\_\_

AmEx

## Billing Address (if different from Contact Information)

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize David's House Ministries to receive the enclosed donation and/or charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only, and is valid for one time use only unless otherwise indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

