



# CLAIMING THE VISION

P. O. Box 616

Washington, MS 39190-0616

## Donor Information (please print or type)

Name:

Billing address:

City:

State:

ZIP Code:

Telephone (home):

Telephone (business):

Fax:

E-Mail:

## 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:

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: \_\_\_\_\_ Date: \_\_\_\_\_

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

**New Hope M. B. Church: The Vision Center**, P. O. Box 616, Washington, MS 39190