

DONATION FORM

Donor Name			
Phone E	Email		
Mail Addresss	City	State	Zip
Church affiliation, if any			
Donation Amount:	Frequency:		
Pay By:			
Check Payable to United Mini	stries Credit	t Card	
Name on Card			
Card Number			
Exp. Date 3 digit code on			
I would like to make this gift	•		
Notice may be sent to :			
Mail Address			
Please contact me about Including United MInistries in			
Volunteering			
Visit our website: www.united-minis	stries com to make secure o	donations online or s	set un

United Ministries Privacy Policy

Donor information is used for internal purposes and is not shared with third parties

recurring gifts.