



Please let them know you care and provide them with hope.

Cherry Street Mission Ministries Mail-In Donation Form

You can provide a hot nutritious meal for only \$1.76 or complete care for an individual for \$25.44 per day.

Yes, I want to provide nutritious meals for the men, women, and children in need.

Please use my gift of:

- \$17.60 to provide 10 meals
- \$26.40 to provide 15 meals
- \$70.40 to provide 40 meals
- \$ _____ to help as many people as possible

Yes, I want to provide complete care including, food, shelter, clothing, Christian counseling and other vital services to men and women in northwest Ohio and southeast Michigan. Please use my gift of:

- \$25.44 to help one person
- \$50.88 to help 2 people
- \$101.76 to help 4 people
- \$ _____ to help as many people as possible

I would like to give this gift:

Monthly One-time only

Payment Options:

Cash Check Credit Card (see below)

Card Number _____

Expiration date (mm/yy) _____ Amount: _____

Name as it appears on card _____

Signature _____

Please provide the following information:

Name _____

Address _____

City, State, Zip _____

Phone Number (_____) _____

Would you like to receive our e-newsletter? If so, please print your email address:

Email _____

If you would like to make a donation in honor of, or in the memory of a friend or family member, please fill out the attached form.

Memorial or Honorarium Information

In Memory of _____

In Honor of _____

Gift Given By

Dr. /Mr./ Mrs./ Miss/ Ms./ Mr. & Mrs./Other_____ (please circle one)

Name _____

Address _____

City, State, Zip _____

Relationship to remembered or honored one_____

Please acknowledge this gift to:

Dr. /Mr./ Mrs./ Miss/ Ms./ Mr. & Mrs./Other_____ (please circle one)

Name _____

Address _____

City, State, Zip _____

Relationship to remembered or honored one_____

Please print this form and return to:

Cherry Street Mission Ministries
105 17th Street
Toledo, Ohio 43624