



**Phoenix Rescue Mission™**

Transforming lives. Transforming our city.

## Donation Form

### Personal Billing Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_  One Time  Recurring

If Recurring:  Monthly  Other: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Credit/Debit Card Donation Information

Cardholder Name: \_\_\_\_\_ Card Expiration (MM/YY): \_\_\_\_/\_\_\_\_

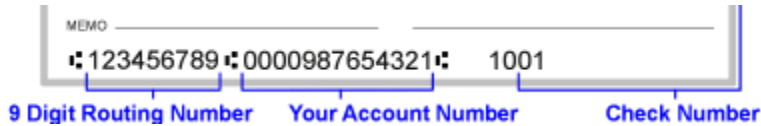
Credit Card Number: \_\_\_\_\_

Card Type:  Visa  Mastercard  Discover  AmEx

### Electronic Bank Transfer Information

Name on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_



I consent to allowing Phoenix Rescue Mission to access my bank account electronically and/or charge my credit/debit card, whichever information I have entered, for the amount and frequency I have prescribed on this donation form.

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

Send this form or an attached donation to Phoenix Rescue Mission at this address:

**Phoenix Rescue Mission, P.O. Box 6708, Phoenix, AZ 85005**

**Questions? Call Donor Care at 602.346.3336.**



## Donation Form (continued)

**Memorial and Tribute Information (if desired)** \_\_\_\_\_

Your Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

In Memory Of: \_\_\_\_\_  In Honor Of: \_\_\_\_\_

Include Amount of Donation in Notification?  Yes  No

Please Notify:  Family  Honoree  Anonymous

Person, Family, or Group to Notify: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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