



## DONATION FORM

PREFIX: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE KEEP THIS GIFT ANONYMOUS.

PAYMENT TYPE:

CHECK

Please make check payable to NAMI, and mail to:

Igniting Hearts Ministries

1826 Dual Highway Suite A

Hagerstown, MD 21740

CREDIT CARD

CARD TYPE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

BILLING ADDRESS (if different): \_\_\_\_\_

\_\_\_\_\_

Is this gift in memory or honor of someone:

MEMORY

HONOR

PERSON HONORED: \_\_\_\_\_

YOUR RELATIONSHIP: \_\_\_\_\_

Do you want someone notified of the gift?

YES

NO

If yes, please include their contact information. Without it, they will not be notified of the gift.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

NOTE FOR THE NOTIFIED: \_\_\_\_\_