Check the boxes below if you would like:	My gift is in: (check one)  □ honor of □ memory of
☐ to learn about volunteering at UGM-TC	Name:
☐ to receive Mission news and opportunities via email	Please notify them/their loved ones at this address:
	Name:
I have a prayer request:	Address:
	City:
	State: Zip:
Address:	
	State: Zip:
Phone: Em	ail:
	☐ Please send donation receipts by email only.
authorize charging my credit card dona	ation to: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRES
Card number:	
Expiration date:/Security code:	
☐ Please charge the amount above to my credit card each month as a recurring gift.	

We do not sell, rent, or share your contact information.