



**PLEASE PRINT, COMPLETE, AND SEND DONATION FORM**

Please mail your tax-deductible donation with this form to:

Family Outreach Ministries  
2271 Wildwood Drive  
Clarksville, TN 37040

**Date:** \_\_\_\_\_

**Donar Information**

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

Organization: \_\_\_\_\_

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

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

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

**Gift Amount** (please check one)

\$100     \$50     \$25     \$10     \$Other \_\_\_\_\_

**Would you like to designate your gift to one of the following FOM services?**

Yes (\_\_\_\_)    No(\_\_\_\_)

- |   |  |
|---|--|
| <input type="checkbox"/> Feeding the Multitudes | <input type="checkbox"/> Counseling Materials  |
| <input type="checkbox"/> Clothes Closet         | <input type="checkbox"/> Educational Materials |
| <input type="checkbox"/> Learning for Living    | <input type="checkbox"/> Spiritual Materials   |
| <input type="checkbox"/> Health Fair            |  |

**Payment Options**

Please find my enclosed check

Please charge my contribution to my credit card

CC Type: \_\_\_\_\_ CC Number: \_\_\_\_\_

CC Exp (MM/YYYY): \_\_\_\_\_ Signature: \_\_\_\_\_

**Thank you for your donation!**