Enclosed is my Giff to The Mustard Seed.

(1	ΙΔΜ	FYCITED		MAKING A	ONE-TIME	GIFT	OF '	¢
)		LACITLD	ADOUT					Ψ,

() I AM EXCITED ABOUT MAKING A RECURRING GIFT OF \$_____

RECURRING GIFT DETAILS:

- 1. Date to begin processing recurring gift _____
- 2. Frequency:
 Monthly
 Quarterly
 Annually
 Other:
- 3. Payment Method:
 Check/Cash
 - Automatically draft my bank account (complete Bank Draft section below)
 - Automatically charge my credit card (complete Bank Draft section below)



A Christian Community for Adults with Developmental Disabilities

Mail completed form with payment to:

The Mustard Seed 1085 Luckney Road Brandon, MS 39047

(601) 992-3556 mustardseedms.org

PAYMENT METHOD

() CHECK (Made Payble to: The Mustard Seed)

() CASH

() BANK DRAFT

- □ Checking □ Corporate Checking
- □ Savings □ Corporate Savings

Name on Account

Account #_____

Routing #____

() CREDIT CARD

□ Please add 3% to my donation to cover the processing fees.									
VISA/MC/AME	X/DC #								
Name on Card_									
Exp Date	CVC	Billing Zip							
Signature		Date							

DONOR INFORMATION

Title	Name	Preferred Name		
Address		City	State	Zip
Daytime Phone		Email Address (optional)		

MEMORIALS AND HONORARIUMS

In Memory of _____

_____ In Honor of____

Please provide the name and address of the person you wish to notify of this Memorial/Honorarium gift. The amount of your gift will not be disclosed. Please include additional addresses on a separate sheet of paper.

□ I do not wish to notify anyone of this Memorial/Honorarium gift.

Name of the person(s) you wish to notify of this gift_

Address_

City_

_____ State____ Zip_____

Thank Gou!

We are grateful for your support of the special ministry of The Mustard Seed.

The Mustard Seed is a §501(c)(3) tax-exempt organization. F.I.N. 64-0652510