



Enclosed is my *Gift* to The Mustard Seed.

() I AM EXCITED ABOUT MAKING A ONE-TIME GIFT OF \$_____.

() 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 Credit Card 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 Payable to: The Mustard Seed)*

() CASH

() BANK DRAFT

() CREDIT CARD

Checking Corporate Checking

Please add 3% to my donation to cover the processing fees.

Savings Corporate Savings

VISA / MC / AMEX / DC # _____

Name on Account _____

Name on Card _____

Account # _____

Exp Date _____ CVC _____ Billing Zip _____

Routing # _____

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 You!

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