MAIL-IN DONATION



Your gift can change a life!

YES! I want to support the work of City Mission to bring food, shelter, clothing and the love of Christ to the hungry, homeless and under-resourced in Schenectady.

Ple	se complete the following information so that we may properly receipt your donation.	
	Name	
	Street Address	
	City	
	Phone Number Email Address	
Enc	osed is my Gift of: \$	
	Method of Payment: ☐ Check (payable to City Mission) ☐ Cash ☐ Visa ☐ MC ☐ Discover ☐ Amex	
	Cardholder's Name (as it appears on card):	
	Credit Card Number:	
	Exp. Date:/ 3 or 4 Digit Security Code:	
	Signature:	
would like my donation to benefit: (please check one)		
	Where Needed Most Men's Ministries Women & Children's Ministries Feeding the Hungry	,
	Funds that exceed program/project goals will be used Where Needed Most.	
Trik	ute Options	
	I would like to make my gift in Memory of/ Honor of (circle one):	
	Please Notify (next of kin or honoree) of this gift:	
	Name	
	Street Address	
	City Zip	
	Email Address	

Thank you for your Donation!

Please mail to: (518) 346-2275 x 338 City Mission | PO Box 760 Schenectady, NY 12301 Donations can also be made at www.CityMission.com