



DONATION FORM

Thank you for your support of Whosoever Ministries, Inc. Please use this form to send in your one-time donation or make your pledge to support Whosoever on a monthly basis. It's only through generous donations like yours that Whosoever's vital ministry in the GLBT community can continue.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____

Email _____

YES! I want to support Whosoever's life saving ministries. Here is my one time donation of:

\$25 \$35 \$45 \$55 \$65 \$75 \$85 Other, please specify: _____

I want to support Whosoever on a regular basis. I would like to pledge a **monthly donation** of:

\$10 \$20 \$30 \$40 \$50 \$60 \$70 Other, please specify: _____

Enclosed is my check for: _____

Please make checks payable to Whosoever Ministries, Inc. (note "donation")

Return this form to: Whosoever Ministries, Inc. / ATTN: Donation / PO Box 727 / Camden, SC 29020.

Whosoever is a 501(c)3 non-profit organization.
All contributions are tax-deductible to the fullest extent of the law.