



WEDGWOOD

CHRISTIAN SERVICES

TRANSFORMING LIVES ONE CHILD AT A TIME

DONATION FORM

PERSONAL INFORMATION

Prefix: Mr. Mrs. Ms. Miss Dr. Rev.

Name(s) _____

Address _____

City _____

State _____ Zip _____

Phone Number(s) _____

Email _____

TYPE OF GIFT

I would like to make a gift to the Children's Hope Annual Fund

Amount: _____

I would like to make a gift to the Wedgwood Endowment Fund

Amount: _____

I would like to designate my gift (note where below)

Amount: _____

This gift is

In Honor Of: _____

In Memory Of: _____

Please call me about setting up recurring monthly gifts to Wedgwood

Please call me about automatic giving through electronic funds transfer

Please call me about including Wedgwood in my estate plan

Please notify me if my employer has a matching gift program

Employer Name: _____

METHOD OF PAYMENT

Check enclosed

Please charge \$_____ to my credit card: Visa MasterCard

Card #

Exp. Date: _____ Security # _____ (last 3 digits on back of card)

Name as it appears on card _____

Signature _____ Date _____

ADDITIONAL INFORMATION

I would like more information about Planned Giving

I would like more information about volunteering at Wedgwood

Please add me to your mailing list

Please add me to your email list

Please send me information about your upcoming charitable events

Comments: _____

MAILING INFORMATION

Thank you so much for supporting the ministries of Wedgwood Christian Services. Your support will help children and families in West Michigan find hope and healing among life's struggles.

Please mail this completed form to:

Wedgwood Christian Services
3300 36th St. SE
Grand Rapids, MI 49512

Or Fax to: 616.942.0589

Questions? Call the Advancement Department at 616.942.2392