



# Donation Form

Please fill out this form, print, and mail with your contribution.  
Checks, corporate matches, or other gifts should be made payable to:  
**Open Door Ministries • 400 N. Centennial St. • High Point, NC 27262**  
P | (336) 885-0191     E | lgraham@odm-hp.org

**Yes, I (we) will lend a hand to help families in crisis, the poor, the hungry, and homeless in our area.**

## Donor Information (please print or type)

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I (we) wish to have our donation remain anonymous.

## Donation Information

My check is made payable to Open Door Ministries for:

\$100                       \$500                       \$1,000                       \$2,500

\$50                       \$250                       \$750                       \$1,500

Other \$ \_\_\_\_\_  For stock gifts, please contact our Business Office at (336) 885-0191.

My gift will be matched by (if applicable): \_\_\_\_\_

Form enclosed       Form will be forwarded

Please contact me regarding **Planned Giving Opportunities.**

## Credit Card Information (if choosing to give by using a credit card):

Credit Card Type:     Mastercard     VISA     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## Acknowledgement Information

My gift is in memory of: \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

Please notify the following individual(s) of this gift: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Thank you for your support!**

*Contributions are tax deductible within the limits of state and federal law.*