Allentown Rescue Mission
355 Hamilton Street
Allentown, PA 18101-1819

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Allentown Rescue Mission begins with YOU.

Allentown Rescue Mission
355 Hamilton Street
Allentown, PA 18101-1819

Monthly Giving Invite – 11949 ARM – Outer – PMS 2028

Allentown Rescue Mission

Every extraordinary moment of healing and hope begins with YOU!
– Stuart

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life and restored hope.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Changed Lives Champions** partners – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of guidance. Bible study. Educational programs and classes. Encouragement from others – **and consistent, reliable support from friends like you.**

Today you are invited to join us as a **Changed Lives Champions** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a man in need. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help men like John!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like John:

"It was like the perfect storm. My wife passed away, then my mother, then COVID hit. I used up all my savings and became homeless on the streets. God's intervention brought me here. Being around people let me get my feelings out and heal from my grief and depression. Chapel, classes and Bible study brought me closer to God. Allentown Rescue Mission got me functioning again – now I'm hopeful and the future is much brighter!"

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at AllentownRescueMission.org

❑ **I want to join you as a Changed Lives Champions monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Allentown Rescue Mission
355 Hamilton Street
Allentown, PA 18101-1819

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – 11949 ARM – Form Front – PMS 2028 & Black

The best way to help men like John transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

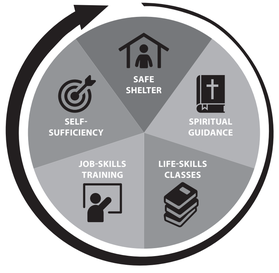
Sincerely,

Stuart Smith, CEO

P.S. Throughout the coming year, we'll be called on to provide 60,000 meals, 22,000 nights of shelter and thousands of hours of education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Changed Lives Champions** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!



Help transform lives all year long!

To start giving monthly as a Changed Lives Champions partner, complete and return the enclosed reply form OR visit **AllentownRescueMission.org.**

For more information, call (610) 740-5500 or visit our website at AllentownRescueMission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the Allentown Rescue Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize the Allentown Rescue Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to the Allentown Rescue Mission. This agreement will remain in effect until you write a letter to the Allentown Rescue Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying the Allentown Rescue Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify the Allentown Rescue Mission immediately.
The Allentown Rescue Mission is a registered Pennsylvania Charity. Official registration and financial information may be obtained from the Pennsylvania Dept. of State by calling toll-free, within PA 1-800-732-0999. Registration does not imply endorsement. This letter was funded by private donations, not government money.

Monthly Giving Invite – 11949 ARM – Form Back – Black

BAY AREA
RESCUE MISSION
2114 Macdonald Ave.
Richmond, CA 94801-3311

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Rescue Mission begins with YOU.

Bay Area Rescue Mission
2114 Macdonald Ave.
Richmond, CA 94801-3311

Monthly Giving Invite – 11949 BAY – Outer – PMS 2028

BAY AREA
RESCUE MISSION
LOVE WITHOUT LIMITS

Every extraordinary moment of healing and hope begins with YOU!
– Bram

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Bridge Builders** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Bridge Builder** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Raul!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Raul:

"I grew up with a single mom who was always at work. I started drinking at fourteen and became a dad at eighteen. But alcohol damaged my relationship with my twin sons… I was so depressed and fed up. At the Rescue Mission, the counselors and chaplains gave me a lot of help and encouragement. I found out who Jesus is and surrendered my life. My sons see a different me, and they're proud. The Rescue Mission gave me a second chance at life!"

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at BayAreaRescue.org

❑ **I want to join you as a Bridge Builder monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Bay Area Rescue Mission
P.O. Box 1112
Richmond, CA 94802-0112

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 BAY – Form Front – PMS 2028 & Black

The best way to help people like Raul transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Bram Begonia, President/CEO

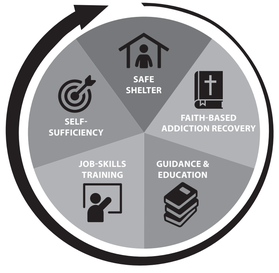
P.S. Throughout the coming year, we'll be called on to provide 1,200,000 meals, 80,300 nights of shelter and 124,800 hours of counseling and education. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Bridge Builder** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Bridge Builder, complete and return the enclosed reply form OR visit **BayAreaRescue.org/bridge-builder.**



For more information: (510) 215-4869 BayAreaRescue.org/bridge-builder

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the Bay Area Rescue Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize the Bay Area Rescue Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to the Bay Area Rescue Mission. This agreement will remain in effect until you write a letter to the Bay Area Rescue Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying the Bay Area Rescue Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify the Bay Area Rescue Mission immediately.

Monthly Giving Invite – 11949 BAY – Form Back – Black

Buffalo City Mission
Restoring Lives Since 1917
100 E. Tupper St. • Buffalo, NY 14203

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Buffalo City Mission
100 E. Tupper St.
Buffalo, NY 14203

Monthly Giving Invite – 11949 BCM – Outer – PMS 2028

Buffalo City Mission
Restoring Lives Since 1917

Every extraordinary moment of healing and hope begins with YOU!
– Stuart

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Hope Partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of guidance. Bible study. Educational programs. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Monthly Hope Partner**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like April:

"I was extremely ill and took a turn for the worse. Being in the hospital so long, I couldn't walk and depended on people to get me up. When I was released, I needed somewhere to stay and came to the Mission. Thanks to the staff and being here, I've been able to get stronger. Today, I can walk on my own again! When I was sick, I thought the Lord didn't love me anymore… but seeing my progress, I know He truly loves me!"

Help people like April!

over please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at buffalocitymission.org

❑ **I want to join you as a Monthly Hope Partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345
Donor IDXXX Appeal Code+RFM Code

Buffalo City Mission
P.O. Box 1748
Buffalo, NY 14240-1748
1C-22

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 BCM – Form Front – PMS 2028 & Black

The best way to help people like April transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Stuart L. Harper
Executive Director

P.S. Throughout the coming year, we'll be called on to provide 117,461 meals, 63,219 nights of shelter and countless hours of guidance, education and job skills training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Monthly Hope Partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Hope Partner, complete and return the enclosed reply form OR visit **buffalocitymission.org.**

For more information: (716) 854-8181, ext. 429 buffalocitymission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Buffalo City Mission in accordance with the terms stated below.

Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Buffalo City Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ ❍ ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Buffalo City Mission. This agreement will remain in effect until you write a letter to Buffalo City Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Buffalo City Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Buffalo City Mission immediately.

Monthly Giving Invite – 11949 BCM – Form Back – Black

Bread of Life
The Mission in Pioneer Square
97 S Main Street
Seattle, WA 98104-2513

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Bread of Life Mission
97 S Main Street
Seattle, WA 98104-2513

Monthly Giving Invite – **11949 BLM** – Outer – PMS 2028

Bread of Life
The Mission in Pioneer Square

Every extraordinary moment of healing and hope begins with YOU!
– Willie

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

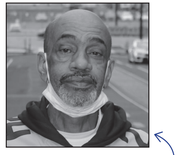
Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Hope Partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Hope Partners Program** monthly giver. Your gift of [SAA] per month could provide nutritious meals and care for struggling neighbors. [SBB] a month could offer shelter and safety for a man in need. [SCC] a month could help someone get the education and job skills training they need to find steady employment.



Help people like Makane!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Makane:

"One day my wife said she needed me to move out... I still don't know why. I lived on the streets for almost a month. The Mission welcomed me and gave me a bed, a Bible, a place to shower and food every day. I get to hear the Word of God every night, and if I have a problem I talk to the staff. I thank God all the time for the Mission… they helped me put my life back together."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at BreadofLifeMission.org/partner-in-hope-program

❑ **I want to join you as a Hope Partners Program monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Bread of Life Mission
P.O. Box 4276
Seattle, WA 98194-0276

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – **11949 BLM** – Form Front – PMS 2028 & Black

The best way to help people like Makane transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Willie Parish Jr.
President

P.S. Throughout the coming year, we'll be called on to provide 60,000 meals, 15,000 nights of shelter and 10,000 hours of counseling and education. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Hope Partners Program** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Hope Partner, complete and return the enclosed reply form OR visit **BreadofLifeMission.org/partner-in-hope-program.**

For more information: (206) 682-3579 BreadofLifeMission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Bread of Life Mission.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Bread of Life Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Bread of Life Mission. This agreement will remain in effect until you write a letter to Bread of Life Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Bread of Life Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Bread of Life Mission immediately.

Monthly Giving Invite – **11949 BLM** – Form Back – Black

CITY MISSION
HOPE FOR THE HOMELESS
84 West Wheeling St
Washington, PA 15301-6918

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

City Mission
84 West Wheeling St
Washington, PA 15301-6918

Monthly Giving Invite – 11949 CMWP – Outer – PMS 2028

CITY MISSION
HOPE FOR THE HOMELESS

Every extraordinary moment of healing and hope begins with YOU!
– Dean

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Circle of Bread and Hope** partners – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Circle of Bread and Hope** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse, or a veteran in need. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Travis!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Travis:

"It was just fun in the beginning, when I first started using drugs. But then for twelve years, I was never clean for longer than three days. I was on the streets – doing all kinds of bad stuff. I needed God in my life, and that drew me to the Mission. Now we do devotions every morning and I pray every single night. Everyone here is so supportive and amazing. I see a future now, when before it was just darkness."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at citymission.org

❑ **I want to join you as a Circle of Bread and Hope monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Donor ID Campaign Code

City Mission
84 West Wheeling St
Washington, PA 15301-6918

(Readable Scan line)
XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 CMWP – Form Front – PMS 2028 & Black

A convenient way to help people like Travis is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Dean R. Gartland, M.S.
President/CEO

P.S. Throughout the coming year, we'll be called on to provide 125,459 meals, 48,006 nights of shelter and 29,640 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Circle of Bread and Hope** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a **Circle of Bread and Hope** partner, complete and return the enclosed reply form OR visit **citymission.org.**

For more information: (724) 222-8530 citymission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to City Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 5th or ❍ 20th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize City Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp.Date_____CIV/SEC#_____AMT. $_____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to City Mission. This agreement will remain in effect until you write a letter to City Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying City Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify City Mission immediately.

Monthly Giving Invite – 11949 CMWP – Form Back – Black

CRM
CITY RESCUE MISSION
P.O. Box 40989
Jacksonville, FL 32203-0989

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

City Rescue Mission
P.O. Box 40989
Jacksonville, FL 32203-0989

Monday Giving Invite – 11949 CRMJ – Outer – PMS 2028

CRM
CITY RESCUE MISSION

Every extraordinary moment of healing and hope begins with YOU!
– Paul

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Hope Builders Circle** partners – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Hope Builders Circle** monthly giver. Your gift of [SAA] per month could provide nutritious meals and care for struggling neighbors. [SBB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [SCC] a month could help someone get the education and workforce development they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Eric:

Help people like Eric!

"I was desperately trying to find validation through drugs and all the wrong things the world has to offer. My sister volunteers here and I ignored her pleas for me to join the LifeBuilders Program. When I overdosed and woke up in an ambulance, I decided to come to the Mission. They provide everything you need to get back on your feet… the tools, classes and staff members that work with you and help you grow. God has blessed me so much!"

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at crmjax.org

❑ **I want to join you as a Hope Builders Circle monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

To charge by phone, call (904) 421-5183.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

City Rescue Mission
Paul Stasi, Executive Director
P.O. Box 40989
Jacksonville, FL 32203-0989

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 CRMJ – Form Front – PMS 2028 & Black

The best way to help people like Eric transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

In His Service,

Paul C. Stasi, MSW, LCSW, ORDM
Executive Director

P.S. Throughout the coming year, we'll be called on to provide 171,850 meals, 44,950 nights of shelter and 14,854 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Hope Builders Circle** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a **Hope Builders Circle** partner, complete and return the enclosed reply form OR visit **crmjax.org.**

For more information: (904) 387-4357 crmjax.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to City Rescue Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize City Rescue Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to City Rescue Mission. This agreement will remain in effect until you write a letter to City Rescue Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying City Rescue Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify City Rescue Mission immediately.

Monthly Giving Invite – 11949 CRMJ – Form Back – Black

fresnomission

P.O. Box 1422 • Fresno, CA 93716-1422

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Fresno Mission
P.O. Box 1422
Fresno, CA 93716-1422

Monthly Giving Invite – 11949 FRES – Outer – PMS 2028

fresnomission

Every extraordinary moment of healing and hope begins with YOU!

– Matt

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **#OnMission Monthly Members** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today, on a mission to change lives in Fresno!

Changing a life doesn't happen overnight. It takes months of spiritual counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as an **#OnMission Monthly Member**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Marie!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Marie:

"My grandmother raised me 'til I was twelve. When I lost her, I lost myself… started using drugs and alcohol. Then my stepfather died and it was a downward spiral until my social worker told me about the Mission. I came here broken and lost… hoping to get closer to God. We have devotions, classes and go to church on Sunday. This place is bringing my struggles to the light in order for me to heal."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at fresnomission.org

❑ **I want to join you as an #OnMission Monthly Member to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Fresno Mission
P.O. Box 1422
Fresno, CA 93716-1422

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – 11949 FRES – Form Front – PMS 2028 & Black

The best way to help people like Marie transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives in our Fresno community each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Matthew Dildine, Chief Executive Officer

P.S. Throughout the coming year, we'll be called on to provide 300,000 meals, 100,000 nights of shelter and 4,848 hours of life-skills courses, work therapy and career development. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as an **#OnMission Monthly Member**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving as an #OnMission Monthly Member, complete and return the enclosed reply form OR visit **fresnomission.org/give-monthly.**

For more information: (559) 268-0839 fresnomission.org/give-monthly

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the Fresno Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize the Fresno Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ DISCOVER

Credit Card # _____

Exp.Date_____ CVV_____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to the Fresno Mission. This agreement will remain in effect until you write a letter to the Fresno Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying the Fresno Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify the Fresno Mission immediately.

Monthly Giving Invite – 11949 FRES – Form Back – Black

CITY UNION MISSION
Since 1924

1100 E. 11th Street • Kansas City, MO 64106

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

City Union Mission
1100 E. 11th Street
Kansas City, MO 64106

Monthly Giving Invite – 11949 KCCU – Outer – PMS 2028

CITY UNION MISSION
Since 1924

Every extraordinary moment of healing and hope begins with YOU!

– Terry

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Bed & Bread Club** partners – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Bed & Bread Club** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Natasha:

Help people like Natasha!

"When I was in my forties, a traumatic incident turned my world upside down. I had been clean and sober for nine years, but I relapsed because my foundation wasn't built on Jesus. My life really fell apart. I was drawn to the Mission because of their New Life Program. The healing that I'm receiving is remarkable… they're teaching me how to process my emotions and rely on God for my strength. I found Jesus and I found myself."

OVER Please →

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at cityunionmission.org

❑ **I want to join you as a Bed & Bread Club monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

City Union Mission
P.O. Box 270107
Kansas City, MO 64127-0107

22JA2

XXXXXXXX(Scan line)XXXXXXXX

Donor ID
Package ID

Monthly Giving Invite – 11949 KCCU – Form Front – PMS 2028 & Black

The best way to help people like Natasha transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Giving thanks to God,

Dr. Terry Megli, Chief Executive Officer

P.S. Throughout the coming year, we'll be called on to provide 270,000 meals, 140,000 nights of shelter and countless hours of Christ-centered counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Bed & Bread Club** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Transform lives all year long!

To start giving monthly as a Bed & Bread Club partner, complete and return the enclosed reply form OR visit **cityunionmission.org.**

For more information: (816) 474-9380 cityunionmission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to City Union Mission.
Transfers to be made on the 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize City Union Mission to charge $_____ on the _____ (Ex. 1st, 2nd, etc.) of each month to my credit card.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ ❍ ❍ DISCOVER

Credit Card # _____

Exp.Date_____CVV2_____

Phone # _____

Email _____

FOR OFFICE USE ONLY: CCVR

****Be assured you can cancel your membership at any time.***

****Be assured you can cancel your membership at any time.***

It is not our intention that the urgency of this letter cause feelings of obligation for financial participation. Readers are invited to join as partners in this project only as they feel led by God to do so. Funds received will be used to care for the poor throughout the year. We ask all to pray for our ministry.

Monthly Giving Invite – 11949 KCCU – Form Back – Black

KALAMAZOO GOSPEL MINISTRIES

Kalamazoo Gospel Mission
448 N Burdick St • Kalamazoo, MI 49007-3644

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Kalamazoo Gospel Mission
448 N Burdick St
Kalamazoo, MI 49007-3644

Monthly Giving Invite – **11949 KGM** – Outer – PMS 2028

KALAMAZOO GOSPEL MINISTRIES

Every extraordinary moment of healing and hope begins with YOU!
– Pastor Brown

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **monthly giving partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **monthly giving partner**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Pamela!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Pamela:

"When my husband passed away from cancer, I couldn't live with my in-laws anymore and became homeless. I tried living with a friend but her boyfriend kept beating her up, so the cops brought me to the Mission. Being in the program has done a lot for me. I have a safe place to sleep and food. Friends and people to talk to. I work. I go to church. I've grown closer to God. I feel good about myself now!"

OVER please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at kzoogospel.org

❑ **I want to join you as a monthly giving partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Kalamazoo Gospel Ministries
448 N Burdick St
Kalamazoo, MI 49007-3644

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – **11949 KGM** – Form Front – PMS 2028 & Black

The best way to help people like Pamela transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Pastor Michael L. Brown
CEO/President

P.S. Throughout the coming year, we'll be called on to provide 199,000 meals, 122,694 nights of shelter and countless hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **monthly giving partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a monthly giving partner, complete and return the enclosed reply form OR visit **kzoogospel.org.**

For more information: (269) 345-2974 kzoogospel.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Kalamazoo Gospel Ministries in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Kalamazoo Gospel Ministries to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Kalamazoo Gospel Ministries. This agreement will remain in effect until you write a letter to Kalamazoo Gospel Ministries requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Kalamazoo Gospel Ministries. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Kalamazoo Gospel Ministries immediately.

Monthly Giving Invite – **11949 KGM** – Form Back – Black

Long Beach Rescue Mission
Helping the Homeless • Changing Lives
1430 Pacific Ave. • P.O. Box 1969
Long Beach, CA 90813-1717

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Long Beach Rescue Mission
1430 Pacific Ave.
P.O. Box 1969
Long Beach, CA 90813-1717

Monthly Giving Invite – 11949 LBRM – Outer – PMS 2028

Long Beach Rescue Mission
Helping the Homeless • Changing Lives

Every extraordinary moment of healing and hope begins with YOU!
– Lupe

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Safe Harbor Club** partners – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Safe Harbor Club** monthly giver. Your gift of [SAA] per month could provide nutritious meals and care for struggling neighbors. [SBB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [SCC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Lizbeth:

"I was in an abusive relationship with the father of my child. I used drugs to numb the pain of the abuse and my feelings that I was insignificant and incompetent as a parent. At the Thrift Store, the staff saw something was going on and told me about Lydia House. My daughter loves it here, and we found stability and healing. I understand now I'm a child of God and not who the world tells me I am. I'm transforming into a beautiful butterfly!"

Help people like Lizbeth!

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at LBRM.org

❑ **I want to join you as a Safe Harbor Club monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Long Beach Rescue Mission
P.O. Box 1969
Long Beach, CA 90801-1969

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 LBRM – Form Front – PMS 2028 & Black

The best way to help people like Lizbeth transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Serving with you,

Lupe Lopez, Director of Development

P.S. Throughout the coming year, we'll be called on to provide 235,000 meals, 60,000 nights of shelter and 53,495 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Safe Harbor Club** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Safe Harbor Club partner, complete and return the enclosed reply form OR visit **LBRM.org/monthlygiving.**

For more information: (562) 591-1292 LBRM.org/monthlygiving

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Long Beach Rescue Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Long Beach Rescue Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Long Beach Rescue Mission. This agreement will remain in effect until you write a letter to Long Beach Rescue Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Long Beach Rescue Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Long Beach Rescue Mission immediately.

Monthly Giving Invite – 11949 LBRM – Form Back – Black

Market Street Mission
9 Market Street
Morristown, NJ 07960-5122
MarketStreet.org

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Market Street Mission
9 Market Street
Morristown, NJ 07960-5122
MarketStreet.org

Monthly Giving Invite – **11949 MSM** – Outer – PMS 2028

Meals • Shelter • Hope

Every extraordinary moment of healing and hope begins with YOU.

– Dave

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Circle of Friends** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today.

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Circle of Friends** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a man in need. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Myles:

Help people like Myles.

"I thought getting sober was something I could manage on my own… I certainly wasn't going to turn my life over to God. But then I lost everything – my home, my wife, my children, my career. I made a decision to turn my will over to the care of God, and the Mission was the place I was drawn to. By learning God forgives me, I've been able to forgive myself. They're teaching me how to live again and walk with Him."

OVER Please

Yes, I'll become a monthly partner.

Scan this QR code or sign up online at MarketStreet.org

❑ **I want to join you as a Circle of Friends monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Market Street Mission
P.O. Box 1937
Morristown, NJ 07962-1937

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – **11949 MSM** – Form Front – PMS 2028 & Black

The best way to help people like Myles transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today. Thank you.

Sincerely,

G. David Scott, Executive Director

P.S. Throughout the coming year, we'll be called on to provide 90,000 meals, 27,000 nights of shelter and 6,000 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY.

By joining us as a **Circle of Friends** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides:

Help transform lives all year long.

To start giving monthly as a Circle of Friends partner, complete and return the enclosed reply form OR visit **MarketStreet.org.**

For more information: (973) 538-0431 MarketStreet.org

THANK YOU FOR BECOMING A MONTHLY PARTNER.

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the Market Street Mission in accordance with the terms stated below.

Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize the Market Street Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp.Date_____ CSV_____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

To ensure privacy, we do not sell or rent our donors' names, addresses, emails or phone numbers. All donations are fully tax-deductible as permitted by law.
Your gifts are used to care for people in need all year long!

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to the Market Street Mission. This agreement will remain in effect until you write a letter to the Market Street Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying the Market Street Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify the Market Street Mission immediately.

Monthly Giving Invite – **11949 MSM** – Form Back – Black

Peoria Rescue Ministries
P.O. Box 837 • Peoria, IL 61652

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at Peoria Rescue Ministries begins with YOU.

Peoria Rescue Ministries
P.O. Box 837
Peoria, IL 61652

Monthly Giving Invite – 11949 PRM – Outer – PMS 2028

Peoria Rescue Ministries

Every extraordinary moment of healing and hope begins with YOU!

– Jon

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **monthly giving partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **monthly giving partner**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Bryan!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Bryan:

"I was into a life of crime… including substance abuse. My lifestyle led to legal troubles, and my lawyer suggested I come to Peoria Rescue Ministries. When I got here, I felt like I belonged. They are really good at helping and supporting people in their faith, and getting them on their feet so they can get their lives in order. I want to finish the program, get back to work, stay in the Word and continue building my relationship with God."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at peoriarescue.org

❑ **I want to join you as a monthly giving partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Peoria Rescue Ministries
P.O. Box 837
Peoria, IL 61652-0837

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 PRM – Form Front – PMS 2028 & Black

The best way to help people like Bryan transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Jonathan Rocke, Executive Director

P.S. Throughout the coming year, we'll be called on to provide 67,299 meals, 28,383 nights of shelter and countless hours of biblical counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **monthly giving partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a monthly giving partner, complete and return the enclosed reply form OR visit **peoriarescue.org.**

"We love because He first loved us" (1 John 4:19).
For more information: (309) 676-6416 peoriarescue.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!
THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Peoria Rescue Ministries.
Transfers to be made on the 15th of each month.

Bank Name _____
Routing No. _____
Acct. No. _____
Signature_____ Date _____
Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Peoria Rescue Ministries to charge $_____each month to my credit card.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____
Exp. Date _____ CIV/SEC # _____
Phone # _____
Email _____

****Be assured you can cancel your membership at any time.***
****Be assured you can cancel your membership at any time.***

Monthly Giving Invite – 11949 PRM – Form Back – Black

Rescue Mission OF MIDDLE GEORGIA

6601 Zebulon Road
Macon, GA 31220-7606

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Rescue Mission of Middle Georgia
6601 Zebulon Road
Macon, GA 31220-7606

Monthly Giving Invite – 11949 RMG – Outer – PMS 2028

Rescue Mission OF MIDDLE GEORGIA

Every extraordinary moment of healing and hope begins with YOU!

– Pat

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with addiction, domestic violence, or homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Housing from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Life Changers monthly partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Life Changers monthly partner**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer housing and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Leah!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Leah:

"I had to end my relationship with a man I met in recovery… We were both recovering from addictions and I just didn't feel like that relationship was what God wanted for me. When I left, I was homeless, with no clothes, nothing. I decided to come to the Mission, and I accepted Christ into my life! Being here has helped me recover from my struggles… feel supported… and build my relationship with God."

over please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at rescuemissionga.com/monthly

❑ **I want to join you as a Life Changers monthly partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Rescue Mission of Middle Georgia
ATTN: Donation Processing Center, Macon Office
P.O. Box 100044
Atlanta, GA 30348-0044

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 RMG – Form Front – PMS 2028 & Black

The best way to help people like Leah transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount, and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

God Bless,

Pat Chastain, President/CEO

P.S. Throughout the coming year, we'll be called on to provide 123,000 meals, 41,000 nights of safe housing, and 2,500 hours of recovery care and services per person. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE

BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Life Changers monthly partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a monthly giving partner, complete and return the enclosed reply form OR visit **rescuemissionga.com/monthly.**

For more information: (478) 743-5445 rescuemissionga.com/monthly

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the Rescue Mission of Middle Georgia in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

** Please be sure to include your personal check for the first monthly gift.*

❍ ***Credit Card***

❍ I authorize the Rescue Mission of Middle Georgia to charge $_____ each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp.Date_____CVV_____Phone#_____

Signature _____

Email _____

**Be assured you can cancel your membership at any time.*

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to the Rescue Mission of Middle Georgia. This agreement will remain in effect until you write a letter to the Rescue Mission of Middle Georgia requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying the Rescue Mission of Middle Georgia. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify the Rescue Mission of Middle Georgia immediately.

Monthly Giving Invite – 11949 RMG – Form Back – Black

RESCUE MISSION
OF THE MAHONING VALLEY
EST. 1893

1300 Martin Luther King Jr Blvd
Youngstown, OH 44510-1658

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Rescue Mission of the Mahoning Valley
1300 Martin Luther King Jr Blvd
Youngstown, OH 44510-1658

Monthly Giving Invite – 11949 RMMV – Outer – PMS 2028

RESCUE MISSION
OF THE MAHONING VALLEY
EST. 1893

Every extraordinary moment of healing and hope begins with YOU!

– John

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Exodus 17:12 Supporters** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Christ-centered encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as an **Exodus 17:12 Supporter**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and workforce assistance they need to find steady employment.

Help people like Angel!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Angel:

"I got fired and lost everything… ended up homeless, sleeping under a bridge. It got to the point where I wanted to take my own life. At the Mission, I found safety, security and good, caring people who fed me and gave me all the necessities. I go to the chapel and Bible studies and really enjoy it… it feels like home. These wonderful people showed me that I have worth and a purpose."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at RescueMissionMV.org

❑ **I want to join you as an Exodus 17:12 Supporter to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Rescue Mission of the Mahoning Valley
P.O. Box 430
Youngstown, OH 44501-0430

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 RMMV – Form Front – PMS 2028 & Black

The best way to help people like Angel transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

His Servant,

John M. Muckridge III, President/CEO

P.S. Throughout the coming year, we'll be called on to provide 76,850 meals, 37,960 nights of shelter and hundreds of hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as an **Exodus 17:12 Supporter**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as an **Exodus 17:12 Supporter**, complete and return the enclosed reply form OR visit **RescueMissionMV.org/donate** and select "recurring gift."

For more information: (330) 744-5486 RescueMissionMV.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Rescue Mission of the Mahoning Valley in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

*** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Rescue Mission of the Mahoning Valley to charge $_____ each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card #_____

Exp. Date_____ CVV/SEC #_____

Signature_____

Email_____

Please be assured that your personal information will be kept strictly confidential.

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Rescue Mission of the Mahoning Valley. This agreement will remain in effect until you write a letter to Rescue Mission of the Mahoning Valley requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Rescue Mission of the Mahoning Valley. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Rescue Mission of the Mahoning Valley immediately.

Monthly Giving Invite – 11949 RMMV – Form Back – Black

rockford rescue mission
715 West State Street
Rockford, IL 61102-2203

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Rockford Rescue Mission
715 West State Street
Rockford, IL 61102-2203

Monthly Giving Invite – 11949 RRM – Outer – PMS 2028

rockford rescue mission
rescue + recover + restore

Every extraordinary moment of healing and hope begins with YOU!
– Sherry

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Hope Givers** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of advocacy. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Hope Giver**. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help neighbors like Mike!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Mike:

"I lived with fear, loneliness and pain. My dad died when I was three, and to cope with my grief, I turned to drugs and alcohol at age eleven. I was sent to the Mission from jail and given my first Bible here. I asked Jesus into my heart and I'm furthering my knowledge about addiction, life recovery and the Word of God. I no longer accept the labels that used to define me: criminal, drug addict, gang member. My name is Mike and I'm a follower of God."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at rockfordrescuemission.org

❑ **I want to join you as a Hope Giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Rockford Rescue Mission
P.O. Box 1958
Rockford, IL 61110-0458

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – 11949 RRM – Form Front – PMS 2028 & Black

The best way to help individuals like Mike transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a Hope Giver today! Thank you.

Partners in Hope,

Sherry Pitney
CEO

P.S. Throughout the coming year, we'll be called on to provide 146,352 meals, 43,657 nights of shelter and 6,638 advocacy sessions. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A HOPE GIVER TODAY!

By joining us as a **Hope Giver**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Hope Giver, complete and return the enclosed reply form OR visit **rockfordrescuemission.org.**

Rescue • Recover • Restore (815) 965-5332 rockfordrescuemission.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Rockford Rescue Mission.

Transfers to be made on the ❍ 5th or ❍ 20th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

** Please be sure to include your personal check for the first monthly gift.*

❍ ***Credit Card***

❍ I authorize Rockford Rescue Mission to charge $_____each month to my credit card.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ ❍ ❍ ❍

Credit Card # _____

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Phone # _____

Email _____

Email _____

***Be assured you can cancel your membership at any time.**

***Be assured you can cancel your membership at any time.**

Monthly Giving Invite – 11949 RRM – Form Back – Black

San Diego Rescue Mission
120 Elm Street
San Diego, CA 92101-2602

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

San Diego Rescue Mission
120 Elm Street
San Diego, CA 92101-2602

HOME TEAM
Monthly Giving Partners

Monthly Giving Invite – 11949 SDR – Outer – PMS 2028

San Diego RESCUE MISSION
SAVING LIVES SINCE 1955

HOME TEAM
Monthly Giving Partners

Every extraordinary moment of healing and hope begins with YOU!
– Donnie

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

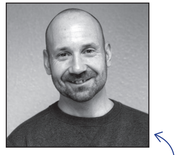
Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Home Team** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life in San Diego County doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and job training. Encouragement from others and encountering God. **And consistent, reliable support from friends like you.**

Today you are invited to join **The Home Team** as a monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job training they need to find steady employment and secure permanent housing.



Help people like Scott!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Scott:

"When I was thirteen, my father left me and my little sister with our mentally unstable mother… and that's when I started drinking and using drugs to try and deal with everything going on. But it made my life even more chaotic, and without anyone to guide me, I became homeless for years. Then someone told me about the Rescue Mission, and I came here hoping to find Jesus. They have a good support system and opportunities for whatever you need to get back on your feet. The power of the Holy Spirit is just phenomenal… it's changing my life."

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at sdrescue.org/hometeam

❑ **I want to join The Home Team to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

San Diego Rescue Mission
P.O. Box 80427
San Diego, CA 92138-0427

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – 11949 SDR – Form Front – PMS 2028 & Black

The best way to help people like Scott transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Donnie Dee, President/CEO

P.S. Throughout the coming year, we'll be called on to provide 361,800 meals, 127,750 nights of shelter and tens of thousands of hours of counseling, education and job training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Home Team Monthly Giving Partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To become a Home Team Monthly Giving Partner, complete and return the enclosed reply form OR visit **sdrescue.org/hometeam.**

For more information: (619) 687-3720 sdrescue.org/hometeam

THANK YOU FOR BECOMING A MONTHLY PARTNER!
THANK YOU FOR JOINING THE HOME TEAM!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to the San Diego Rescue Mission.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____
Routing No. _____
Acct. No. _____
Signature_____ Date _____
Email _____

** Please be sure to include your personal check for the first monthly gift.*

❍ ***Credit Card***

❍ I authorize the San Diego Rescue Mission to charge $_____ each month to my credit card.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____
Exp. Date _____
Phone # _____
Email _____

Be assured you can cancel your membership at any time.
Be assured you can cancel your membership at any time.

Monthly Giving Invite – 11949 SDR – Form Back – Black

WHEELER MISSION
help. hope. healing.

205 E. New York St.
Indianapolis, IN 46204-2114

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at Wheeler Mission begins with YOU.

Wheeler Mission
205 E. New York St.
Indianapolis, IN 46204-2114

Monthly Giving Invite – 11949 WMM – Outer – PMS 2028

WHEELER MISSION
help. hope. healing.

Every extraordinary moment of healing and hope begins with YOU!
– Rick

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

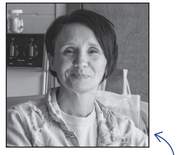
Dear Mr. Sample,

When you're experiencing homelessness, it's the little things that make a big difference. A hearty meal and care. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life in Christ, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends—we call these monthly givers our **Circle of Hope** partners—that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling, Bible study, educational programs and classes, encouragement from others, **and consistent, reliable support from friends like you.**

Today you are invited to join us as a **Circle of Hope** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.



Help people like Nicole!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Nicole:

"I was diagnosed with anxiety and depression at seventeen. I never stayed on medication long enough for it to help and turned to drinking. Eventually I was scared and out of options, and ready to do whatever it took to change. My family brought me to Wheeler Mission, and I finally found stability. I've learned social skills, job skills, how to maintain my sobriety, and how to stay in community. I never knew life could be this good. I thank God every day!"

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at WheelerMission.org

❑ **I want to join you as a Circle of Hope monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____
Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Wheeler Mission
P.O. Box 3085
Indianapolis, IN 46206-3085

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 WMM – Form Front – PMS 2028 & Black

The best way to help people like Nicole transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up! You choose the amount, and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Rick Alvis, President/CEO

P.S. Throughout the coming year, we'll be called on to provide 325,524 meals and care, 295,303 nights of shelter, and thousands of hours of education and biblical classes. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Circle of Hope** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Circle of Hope partner, complete and return the enclosed reply form OR visit **WheelerMission.org.**

Homeless Services • Residential Programs • Addiction Recovery • Social Enterprises • For Men and Women

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Wheeler Mission in accordance with the terms stated below.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Wheeler Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ Phone #_____

Signature _____ Date_____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Wheeler Mission. This agreement will remain in effect until you write a letter to Wheeler Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Wheeler Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Wheeler Mission immediately by calling (317) 635-3575, ext. 601 or emailing accounting@wheelermission.org.

Monthly Giving Invite – 11949 WMM – Form Back – Black

Winston-Salem Rescue Mission
P.O. Box 595 • Winston-Salem, NC 27102-0595

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Winston-Salem Rescue Mission
P.O. Box 595
Winston-Salem, NC 27102-0595

Monthly Giving Invite – 11949 WSRM – Outer – PMS 2028

Every extraordinary moment of healing and hope begins with YOU!

– Lou

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're hopeless and hurting, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

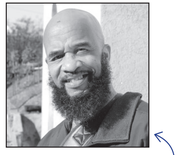
It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Partners of Hope** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Helping to change a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Partners of Hope** monthly giver. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a man in need. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Paul:

"I was married for seventeen years and when we separated, I went headfirst into drugs and alcohol. I lost my job and place to live. One day, I was on a bench and heard the words 'Rescue Mission' whispered in my ear. God brought me here. The Rescue Mission taught me to be a man of my word, to live better and it helped me get closer to God. I was dead… this is where I started to live again."



Help people like Paul!

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at wsrescue.org

❑ **I want to join you as a Partners of Hope monthly giver to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Charge my debit card each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____
Please complete credit card or debit card information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Winston-Salem Rescue Mission
P.O. Box 595
Winston-Salem, NC 27102-0595

(Readable Scan line) XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 WSRM – Form Front – PMS 2028 & Black

The best way to help people like Paul transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Lou Carrico, Executive Director

P.S. Throughout the coming year, we'll be called on to provide 219,643 meals, 25,550 nights of shelter and 169,895 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS. BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Partners of Hope** monthly giver, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Partner of Hope, complete and return the enclosed reply form OR visit **wsrescue.org.**

For more information: (336) 723-1848 wsrescue.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Credit Card*** ❍ ***Debit Card***

❍ I authorize Winston-Salem Rescue Mission to charge $_____ each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Card # _____

Exp. Date _____ CSV _____

Phone # _____

Email _____

Be assured you can cancel your membership at any time.

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Winston-Salem Rescue Mission. This agreement will remain in effect until you write a letter to Winston-Salem Rescue Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Winston-Salem Rescue Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Winston-Salem Rescue Mission immediately.

Donate now!
wsrescue.org (336) 723-1848, ext.139
Make checks payable to Winston-Salem Rescue Mission.

❑ Please tell me how I can make a gift to the Rescue Mission through my will, a bequest or a planned giving program.

Did you know that you could make an impact on homelessness by sharing a gift from your Donor-Advised Fund or IRA? Visit wsrescue.org/donor-advised-funds or email us at donations@wsrescue.org to learn more!

Monthly Giving Invite – 11949 WSRM – Form Back – Black

YAKIMA UNION GOSPEL MISSION
EST. 1936
1300 N 1st St., Yakima, WA 98901-1702

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Yakima Union Gospel Mission
1300 N 1st St.
Yakima, WA 98901-1702

Monthly Giving Invite – 11949 YUGM – Outer – PMS 2028

YAKIMA UNION GOSPEL MISSION
EST. 1936

Every extraordinary moment of healing and hope begins with YOU!

– Mike

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

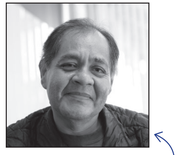
When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly givers our **Monthly Giving Partners** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Monthly Giving Partner**. Your gift of [$AA] per month could provide nutritious meals and care for struggling individuals. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of guests like Berto:



Help people like Berto!

"When I was fifteen years old, I lost my leg in a car accident. A few years ago, I lost my job and was living on the streets… then I lost my other leg to diabetes. I came to the Mission to see a doctor and moved in here. They give me everything I need… meals, medical care, a room. I believed in God but never thought he noticed me till now. This is my family. If you want to change your life, this is the place."

OVER please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at yugm.org

❑ **I want to join you as a Monthly Giving Partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Yakima Union Gospel Mission
1300 N 1st St.
Yakima, WA 98901-1702

XXXXXXXX(SCAN LINE)XXXXXXXX

Monthly Giving Invite – 11949 YUGM – Form Front – PMS 2028 & Black

The best way to help people like Berto transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Mike

Mike Johnson
CEO/Executive Director

P.S. Throughout the coming year, we'll be called on to provide 160,000 meals, 41,000 nights of shelter and 13,880 hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Monthly Giving Partner**, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Monthly Giving Partner, complete and return the enclosed reply form OR visit **yugm.org.**

For more information: (509) 248-4510 yugm.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Yakima Union Gospel Mission.
Transfers to be made on the ❍ 1st or ❍ 15th of each month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Yakima Union Gospel Mission to charge $_____each month to my credit card.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ AMEX ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Monthly Giving Invite – 11949 YUGM – Form Back – Black

GATEWAY MISSION
HOPE FOUND HERE

661 East 24th Street, Suite 300
Holland, MI 49423-9222

NONPROFIT
U.S. POSTAGE
PAID
RESCUE MISSION
52641

YOUR IMPACT IS EXTRAORDINARY!

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Every extraordinary moment at the Mission begins with YOU.

Gateway Mission
661 East 24th Street, Suite 300
Holland, MI 49423-9222

Monthly Giving Invite – 11949 HRM – Outer – PMS 2028

GATEWAY MISSION
HOPE FOUND HERE.

Every extraordinary moment of healing and hope begins with YOU!
– Darryl

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Dear Mr. Sample,

When you're struggling with homelessness, it's the little things that make a big difference. A hearty meal. A warm shower and clean clothes. Shelter from the elements and dangers of the streets. An invitation to discover a better life, free from shackles and burdens.

It's the extraordinary kindness of our most dedicated friends – we call these monthly partners our **Givers of Hope** – that makes these life-changing services possible. You have already been so generous, which is why I'm inviting you to join them today!

Changing a life doesn't happen overnight. It takes months of counseling. Bible study. Educational programs and classes. Encouragement from others. **And consistent, reliable support from friends like you.**

Today you are invited to join us as a **Giver of Hope** monthly partner. Your gift of [$AA] per month could provide nutritious meals and care for struggling neighbors. [$BB] a month could offer shelter and safety for a mom and child fleeing domestic abuse. [$CC] a month could help someone get the education and job skills training they need to find steady employment.

Help people like Hope!

Whatever monthly gift you can commit to will make a real, lasting impact in the lives of your neighbors like Hope:

"It meant everything to me to have a warm bed, good food and people who care. The people who work at the Mission are amazing! I started learning more about God and getting closer to Him... seeing a light at the end of the tunnel. I was hopeless before, but through the Gateway Program, I was able to get help – emotionally, spiritually, physically. God's healing me without me even knowing it!"

OVER Please

Yes, I'll become a monthly partner!

Scan this QR code or sign up online at **hopefoundhere.org/give**

❑ **I want to join you as a Giver of Hope monthly partner to help change lives all year long.**

❍ Charge my credit card each month **OR** ❍ Debit my checking account each month

Monthly Gift Amount (check one): ❍ $AA ❍ $BB ❍ $CC ❍ $_____

Please complete credit card or checking account information on back of form.

❑ I can't become a monthly partner, but I'm sending a one-time gift of $_____.

Sample A. Sample
1234 Main Street
P.O. Box 12345
Anytown, ST 12345

Gateway Mission
661 East 24th Street, Suite 300
Holland, MI 49423-9222

XXXXXXXX(Scan line)XXXXXXXX

Monthly Giving Invite – 11949 HRM – Form Front – PMS 2028 & Black

The best way to help people like Hope transform their lives completely is by giving automatically through your credit card or bank account. It's easy to set up, you choose the amount and you have the joy of knowing you're changing lives each and every month.

Prayerfully consider becoming a monthly giver today! Thank you.

Sincerely,

Darryl Bartlett, Executive Director

P.S. Throughout the coming year, we'll be called on to provide 125,000 meals, 35,000 nights of shelter and XXX hours of counseling, education and training. **Your monthly gifts will make an extraordinary impact** on our ability to provide this comprehensive care.

HELP STOP THE CYCLE OF HOMELESSNESS.
BECOME A MONTHLY PARTNER TODAY!

By joining us as a **Giver of Hope** monthly partner, you'll provide consistent, reliable support that helps heal hearts and rebuild lives *every month of the year.* Just look at the blessings your gift provides!

Help transform lives all year long!

To start giving monthly as a Giver of Hope, complete and return the enclosed reply form OR visit **hopefoundhere.org/give.**

We've changed our name! Holland Rescue Mission is now Gateway Mission.

For more information: (616) 396-2200 | hopefoundhere.org

THANK YOU FOR BECOMING A MONTHLY PARTNER!

❍ ***Checking Account Transfer***

I authorize my bank to transfer $_____ from my account to Gateway Mission in accordance with the terms stated below.
Transfers to be made on the 3rd Wednesday of every month.

Bank Name _____

Routing No. _____

Acct. No. _____

Signature_____ Date _____

Email _____

**** Please be sure to include your personal check for the first monthly gift.***

❍ ***Credit Card***

❍ I authorize Gateway Mission to charge $_____each month to my credit card in accordance with the terms stated below.

❍ Please charge a one-time gift of $_____ to my credit card.

❍ VISA ❍ MC ❍ DISCOVER

Credit Card # _____

Exp. Date _____ CIV/SEC # _____

Phone # _____

Email _____

****Be assured you can cancel your membership at any time.***

Terms and Conditions
The authorization to charge your bank account or credit card is the same as if you had personally signed a check to Gateway Mission. This agreement will remain in effect until you write a letter to Gateway Mission requesting that we end this agreement, providing us with a reasonable amount of time to act on it. A record of your gifts will be included in your bank or credit card statement. If there is an error, you are responsible for notifying Gateway Mission. We will correct it as soon as possible. Also, if there is an error, you have the right to tell your bank to reverse any transfer. This must be done in writing to your bank within 15 days of the date on the statement or within 45 days after the transfer was made. The bank or credit card institution is not responsible for any error in the amount of your transferred gift. If there is an error, please notify Gateway Mission immediately.

Monthly Giving Invite – 11949 HRM – Form Back – Black