



Hope Starts With You

Fill out this form or visit DenverRescueMission.org to donate today!

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____

Please Use My Gift of

- \$19.²⁰ to help 10 people
- \$38.⁴⁰ to help 20 people
- \$57.⁶⁰ to help 30 people
- \$76.⁸⁰ to help 40 people
- \$192.⁰⁰ to provide 100 meals or other essential services
- \$_____ to feed and care for as many as possible

MAKE THIS A MONTHLY DONATION*

*I may revoke my authorization at any time, by providing 15 days notice. To cancel this agreement please contact Denver Rescue Mission.

THIS GIFT IS IN HONOUR OF: _____

THIS GIFT IS IN MEMORY OF: _____

Payment Method

CREDIT CARD *(Info Below)*

CARDHOLDER NAME: _____

BILLING ADDRESS *(if different from above):* _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____ / ____ / ____ CVV: _____ SIGNATURE: _____

PAYING BY ENCLOSED CHECK

**DENVER
RESCUE
MISSION**

THANK YOU FOR YOUR SUPPORT

DenverRescueMission.org  

Mail To:

Denver Rescue Mission
PO Box 5206
Dept. NET16MAIL
Denver, CO 80217