

Mail-In Donation Form

Please Print and Send to:

Downtown Chapel
601 W Burnside St
Portland, OR 97209
Fax: (503) 972-1063

- My check is enclosed. Made payable to: **Downtown Chapel**
- Please charge my credit card.

Donation Amount: \$ _____ (USD)

- I want to make a one-time donation.
- I want to make a recurring donation every:
 - Month
 - 3-Months
 - Year

- How would you like us to designate your donation?
- General Fund (Tithing)
 - Advent / Easter Appeal
 - Poor Fund
 - Capital Campaign

Gift Information: I'd like to make this donation (on behalf of / in memory of): _____

Please send acknowledgement of this gift to: _____
Email address or postal address.

Credit Card Information (Please use your billing information):

First Name: _____ Last Name: _____

Address1: _____ Address2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Credit Card Type: Master Card Visa American Express

Name on Card: _____

Credit Card Number: _____ Security Code: _____

Expiration Date: _____ Signature: _____