

# Donation Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Contact Phone: \_\_\_\_\_

**Your Donation: \$** \_\_\_\_\_

*Please send a check or money order to:*

**Matt Talbot Ministries, Inc.-----514 Oxford Street-----Rochester, New York 14607**

**or We can charge your Visa or MasterCard**

Visa Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MasterCard Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_