



Please print this form and provide your information.

**This gift is:** (please check one)

- From you
- A donation from a group of supporters

Group description:

- A donation from a:
  - Church
  - Company
  - Organization

Name:

Contact name & Title:

**About you:**

Full Name

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Email

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Phone number

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Mailing Address

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City State ZIP code

**About your gift:**

Gift Amount: \$

- Frequency of your gift:
- One-time
  - Automatic Monthly

- Enclosed is your **check** (Please make check payable to Goodwill Rescue Mission)
- Charge to credit card

**Credit Card information:**

Credit Card Number

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Expiration date Sec. Code

Name as it appears in card

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Signature

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Special instructions: (if any)

Mail this form to:

**Goodwill Rescue Mission**  
**PO BOX 7026, Roseville Station**  
**Newark, NJ 07107-0026**

If you have any questions or need additional information, please call (973) 621-9560 ext. 113  
 Thank you for your donation to Goodwill Rescue Mission. Your donation is tax deductible as allowed by law.  
 We will send you a receipt for your records.