



## MAIL-IN DONATION FORM

**Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.**

### DONOR INFORMATION:

Donor First and Last Name(s): \_\_\_\_\_

Organization Name (Fill this out only if you're making your donation on behalf of an organization): \_\_\_\_\_

### ADDRESS INFORMATION:

Address (Street, City, State, Zip Code): \_\_\_\_\_

Email (optional): \_\_\_\_\_ Phone (optional): \_\_\_\_\_

*By providing your email address, you will receive news and updates from Journey To New Life. You may unsubscribe at any time.*

### PAYMENT OPTIONS:

One-time Gift Amount: \_\_\_\_\_

☐ I'm enclosing my check made payable to Journey To New Life, Inc.\

☐ Please charge my debit/credit card: VISA MasterCard Discover Am.Ex.

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC/3 digit: \_\_\_\_\_

Donation details: \_\_\_\_\_

*Your questions and feedback are very important to us. Please feel free to contact us by email at [info@jtnl.org](mailto:info@jtnl.org) or call (816) 960-4808*

**Please mail this completed form to:**

**Journey To New Life, Inc. – 3120 Troost Ave., Kansas City, MO 64109**

**WE ARE GRATEFUL FOR YOUR CONTRIBUTION!**