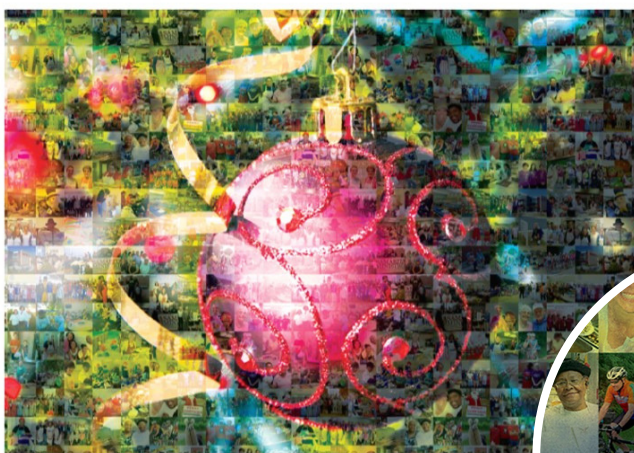


# Give a Gift of Hope



For a donation of \$20 per card, the approximate cost of one night's shelter and two meals, you can support our efforts to feed the hungry and shelter the homeless.



- Perfect for alternative giving to friends, teachers and family
- Honor a loved one's memory
- Recognize clients, customers or employees
- Show your business' support for the community

Order Form Contact Information or place your order online at [www.samaritanforsyth.org](http://www.samaritanforsyth.org)

Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Indicate how you would like your cards to be signed: \_\_\_\_\_

- ☐ I prefer to send the cards personally. Please send me blank cards.  
☐ My check, payable to Samaritan Ministries, is enclosed.  
☐ Please charge my credit card.    ☐ MasterCard    ☐ Visa    ☐ Discover

Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ CVV (three-digit number on back of card): \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(as it appears on card) (required)

Recipient information: For additional recipients, please attach a list.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

A minimum donation of \$20 is requested.

Total number of cards ordered: \_\_\_\_\_ Total contribution: \_\_\_\_\_



For additional information, contact Julie Harris,  
Office Manager, at 336- 724-4086 or email  
[Julie.harris@samaritanforsyth.org](mailto:Julie.harris@samaritanforsyth.org)