

Full Name (s)

Organization Name (if applicable)

Street

City

State

Zip

Phone

Email Address

Name (s) as it/they should appear in recognition materials. Write Anonymous, if applicable.

THIS IS A: Personal Gift Company Gift Foundation Gift

GIFTS & COMMITMENTS

I/We agree to contribute _____ to Solid Rock Youth Ministries.

Cash/Check Please make checks payable to Solid Rock Youth Ministries

Online www.solidrockquarryville.com/donor

Other _____

My/Our contribution will be paid over a period of:

1 Year 2 Years 3 Years Other _____

I/We will begin giving in ____ / ____ (mo/yr).

I/We are interested in recognition opportunities. Please contact me/us.

SCAN TO



DONATE

RETURN FORM TO:

Solid Rock Youth Ministries
PO Box 682 • Quarryville, PA 17566

