



CIRCLE OF FRIENDS DONATION FORM

Please complete all sections of this form.

DONOR INFORMATION

Full Name _____

Mailing Address _____

City/State/Zip _____

Country _____ Email _____

Primary Phone: Home Work Mobile _____

Secondary Phone: Home Work Mobile _____

Send updates via: Email Only Mail Only Email & Mail **Do not contact**

GIFT AMOUNT

Gift Amount: \$ _____

Ongoing Gift \$ _____/month for 12 months until further notice

- With a financial donation of \$500.00 or more, you are entitled to a Complimentary Event Ticket, for the 2006 Gathering!

PAYMENT METHOD (PAYABLE IN U.S. FUNDS)

- By check make payable to CIRCLE OF FRIENDS.
- By credit or debit card: VISA MasterCard American Express

Card # _____ Exp. _____

Name _____ Signature _____
(as it appears on card)

Administrative Use Only

Date _____

Event/Campaign _____

Information Taken By _____

- This gift is unrestricted
- This gift is restricted for a specific project:
 - 2006 COF Gathering
 - Emergency Relief for Women
 - Other
- No goods were provided in exchange for this gift
- This gift is in exchange for the following goods:
 - Complimentary Event Ticket
 - Other: _____

For Your Information:

we greatly accept and appreciate monetary, as well as in-kind, donations. Circle of Friends, Inc. has applied for and is awaiting their 501c3 certification from the IRS as a non-profit ministry.

Circle of Friends • 401 West Park Court, Suite 200 • Peachtree City, GA 30269 • 678-783-0126

www.circle-of-friends.org



LIVING WATER DONATION FORM

Yes, I would like to help women in transition by making a tax deductible donation.

DONOR INFORMATION

Full Name _____

Mailing Address _____

City/State/Zip _____

Country _____ Email _____

Primary Phone: Home Work Mobile _____

Secondary Phone: Home Work Mobile _____

Send updates via: Email Only Mail Only Email & Mail **Do not contact**

My company will match this gift. I have enclosed a matching gift form.

My donation is part of a group fundraiser hosted by/called: _____

GIFT AMOUNT

Please accept my gift of: \$25 \$75 \$125 \$250 \$450 \$1000 More \$ _____

PAYMENT METHOD (PAYABLE IN US FUNDS)

- I have enclosed a check or money order made payable to **COF: Living Water.**
- Please charge my credit or debit card: VISA MasterCard American Express

Card # _____ Exp. _____

Name _____ Signature _____
(as it appears on card)

For Your Information:

We greatly accept and appreciate monetary, as well as in kind, donations. Circle of Friends, Inc. has applied for and is awaiting their 501c3 certification from the IRS as a non-profit ministry.