Donation Form

Please fill out this form, print it, and mail it with your gift.
Checks should be made payable to:
Mustard Seed Community Health
238 S. English Street, Greensboro, NC 27401

Name:_____

Billing Address: _____

City:_____ State:_____ Zip:_____

Telephone:_____ Email:_____

☐ I (we) wish to have our donation remain anonymous.

DONATION INFORMATION My check is made payable to Mustard Seed Community Health for:

☐$100	☐$500	☐$1,000	☐$2,500
☐$50	☐$250	☐$750	☐$1,500

☐Other $_____

☐ Please contact me regarding Planned Giving Opportunities.

For stock gifts please contact us by calling (336) 805-7131

ACKNOWLEDGEMENT INFORMATION

☐ My gift is in memory of:_____

☐ My gift is in honor of:_____

Please notify the following individual(s) of this gift:

Name:_____

Address:_____

_____

Thank you for your support!

www.mustardseedhealth.org