

Mail-In Donation Form



Thank you for choosing to support Community Missions of Niagara Frontier.


Please fill out the bottom portion of this form and return it with your check or money order made payable to **Community Missions of Niagara Frontier, Inc.** If you will be making your donation by credit card, please to include all the requested information (including the billing address for your credit card). Please be sure to remember to sign the form in the space provided below. Also fill out and keep the top part of this form for your records.

When your donation is processed, we will send you an official receipt for tax purposes. If you have questions or concerns, please do not hesitate to contact us (Phone: 716-285-3403).

I donated: \$ _____ . ____ to Community Missions with Check or Money Order # _____.

I donated: \$ _____ . ____ to Community Missions with credit card # _____.

Detach Bottom Portion of this form and return it to Community Missions.
Keep the upper portion of this form for your records until you receive your official tax receipt.
(This is not an official tax receipt!)

Cut here 

MAIL TO

Community Missions
1570 Buffalo Ave.
Niagara Falls, NY 14303

Name: _____

Phone #: _____ - _____ - _____

Address: _____

Email: _____

Enclosed is my check/money order payable to Community Missions in the amount of

\$25.00 \$50.00 \$75.00 \$100.00 (Other) \$ _____

Please charge to my: Visa MasterCard Discover Card American Express

Credit Card # _____ Card Exp. Date _____ Security Code _____
(found on back of card)

Name on card: _____ Signature: _____

Billing Address: _____

Mail This From To:
Community Missions
1570 Buffalo Ave.
Niagara Falls, NY 14303