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TTD (800) 662-1220
www.heritagechristianservicesfoundation.org

Mark Zawacki, CFRE, Executive Director

Heritage Christian Services Foundation Donation Form

Name: _____
(Please print clearly; this is how your name will be listed in our newsletter.)

Amount Enclosed: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

- My/Our check is enclosed (payable to Heritage Christian Services Foundation).
- Charge to my credit card: ___MasterCard ___Visa ___Discover ___AmEx
Account Number: _____
Exp. Date: _____
Name on Card: _____

Please do not list my name in the agency's Spirit newsletter.

This gift is being made in:

- Memory of: _____
- Honor of: _____
___ Birthday ___ Wedding ___ Anniversary
___ Other Special Recognition _____

Please send acknowledgement of this gift to the person/family listed below:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Your gift will be promptly acknowledged and is tax deductible.

Your donation, along with the completed form above, can be mailed to:

Heritage Christian Services Foundation
349 W. Commercial St., Suite 2795
E. Rochester, NY 14445-2402

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