



Donation Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail Address: _____

I would like to receive the newsletter via e-mail

Gift by Check

Enclosed is my check for a:

One-Time Gift of \$ _____

Monthly Pledge of \$ _____

Gift by Credit Card

Please charge my credit card for a:

One-Time Gift of \$ _____

Monthly Pledge of \$ _____

Card #: _____ Exp. Date: ____/____

Signature: _____

Please mail this form along with your gift to:

**Mid-Valley Fellowship
PO Box 3141
Albany, OR 97321**

For Questions or More Information:

**midvalleyfellowship.org
541.928.2164**