

Gift Donation Form

In consideration of my/our interest in and of the support of the mission of Holy Cross Services, I/we make a gift commitment to Holy Cross Services for the purpose(s) described below:

Greatest Need Foster Care/Children's Programs Homeless Services

\$ _____ Total Gift Amount

I wish to pay by:

CHECK made payable to Holy Cross Services

AMEX VISA MASTERCARD DISCOVER Account number: _____

Expiration: _____ Code: _____

MONTHLY RECURRING GIFT \$ _____

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Email: _____ Phone: _____

If you would like to make your gift in honor or memory of someone special, please share their information with us:

Name: _____

In Memory In Honor Please notify the person/family below of my gift:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

For information on planned giving or other giving opportunities, please contact
Wendee Rex, Donor Engagement Officer- wrex@hccsnet.org 248 980 4830

Please Mail Completed Form To:
Holy Cross Services, Mission Advancement
1030 N River Road
Saginaw, MI 48609