

Weekend C.A.R.E. Donation

Name: _____

Business or Organization Name: _____

Address: _____

Email Address: _____

Phone #: _____

I would like to volunteer to help pack food: _____

I would like to donate:

\$25.00 _____ \$50.00 _____ \$100.00 _____ Other Amount _____

I would like to pledge this amount annually – please send me a reminder: _____

Sponsor:

The cost of Weekend C.A.R.E. for 1 student for 1 year is \$150.00. I would like to sponsor a student all year: _____ (\$150.00).

I would like to sponsor multiple students. # of students all year: _____ @ \$150.00 per student = \$_____.

Please Make Checks Payable To:

Breckenridge United Methodist Church. Please put Weekend C.A.R.E. in the memo.

Return Form and Donation To:

Breckenridge United Methodist Church

P.O. Box 248

Breckenridge, MI 48615