



Yes, I want to help my neighbors in need and give them hope for a better life—by providing thousands of hungry and homeless people with nutritious meals and counseling services. I have enclosed a special tax-deductible contribution to the Holy Apostles Soup Kitchen of:

\$28 \$65 \$150 \$336 \$780 Other \$ _____

I want to support Holy Apostles Soup Kitchen every day by making a tax-deductible contribution each month. Please see back of form.

Please complete the following information:

_____		_____	
First Name	Last Name		
_____		_____	_____
Address	City	State	Zip
(____) _____ - _____		_____	
Phone	Email		

Credit Card Donations: I prefer to charge my: <input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
_____		_____	____/____
Card Number	**Security Code	Expiration MM/YYYY	
_____		_____	_____
Cardholder's Name	Gift Amount	Signature	
** VISA/MC: 3-digit number on back of card/AmEx: 4-digits on front of card			

Monthly Giving Circle

Yes, I want to support the work of Holy Apostles Soup Kitchen every day, help my neighbors in need, and give them hope for a better life. I want to join the **Monthly Giving Circle** and pledge to make a tax-deductible contribution each month of:

\$15 \$20 \$25 \$50 \$100 Other \$ _____

Please select one of the following automatic payment options and sign below.

- I authorize my bank to transfer the amount noted above to Holy Apostles Soup Kitchen each month. I have enclosed a check for my first month's contribution, so you can make the necessary arrangements with my bank.
- I authorize Holy Apostles Soup Kitchen to charge my credit card for the amount noted above each month. [Please see other side of form for credit card information.]

Signature _____ Date _____

For Monthly Giving Circle: My authorization to charge my credit card or transfer my monthly pledge from my bank account shall remain in effect until I notify Holy Apostles Soup Kitchen that I wish to end this agreement, and they have had a reasonable time to process the request. A record of each payment will be included in my monthly bank or credit card statement and will serve as my receipt.

- Please send me information about including a gift to the Holy Apostles Soup Kitchen in my will.
- My employer will match this gift. I have enclosed the matching gift form.
- Please do not exchange my name with other organizations.

Please make your check payable to Holy Apostles Soup Kitchen and return to Holy Apostles Soup Kitchen, 296 9th Avenue, New York, NY, 10001-5703. A copy of the Holy Apostles Soup Kitchen's audited financial statements may be obtained by contacting Holy Apostles Soup Kitchen, 296 Ninth Avenue, New York, NY 10001, 212-924-0167.

Thank you for your kindness and generosity.

