



Mail-In Donation Form

DONATION INFORMATION Please PRINT clearly and fill out completely.

Donation Amount:

___\$100 ___\$250 ___\$500 ___\$750 ___\$1,000 ___Other Amount: \$_____

One-Time Gift Monthly gift

First Name*: _____ Last Name*: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____

Phone Number: _____ Email: _____

Yes, I would like to receive email from Covenant Home International

Payment Information:

I have enclosed a check payable to Covenant Home My credit card information is below

Please circle one: MasterCard Visa American Express Discover

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Tribute Information:

This gift is in honor, memory of, In lieu of a Christmas/Holiday gift

Please send acknowledgment to:

Name: _____

Address*: _____ Apt: _____

City*: _____ State*: _____ Zip*: _____ Country: _____

Email: _____

Please mail your gift with this completed form to:
Covenant Home
PO Box 758636
Topeka KS 66675-9986

Questions? email info@covenanthome.live
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