SOUP + SOUL
HOLY APOSTLES SOUP KITCHEN

Please fill out the form below and mail it to:
Holy Apostles Soup Kitchen
Attn: Development Department
296 9th Avenue
New York, NY 10001

Enclosed is my tax-deductible contribution:

❒ $1500 Feeds all our guests a filling, nutritionally balanced meal for one day

❒ $500 Keeps our social services program stocked with health & hygiene kits for 1 month

❒ $250 Pays for utilities, including air conditioning and refrigeration, for 1 day

❒ $150 Provides farm-to-tray fresh green salad for 1 day for all guests

❒ $65 Feeds a family for a month

❒ Other _________ (gifts of any amount will be put to use immediately).

Please bill my credit card: ❒ American Express ❒ VISA ❒ MasterCard ❒ Discover

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Card Number

__ __ __ __ **CVV Number

__ __ / __ __ __ __ Expiration MM/YYYY

**Your CVV number is the 3-digit number on the back of Visa/MC cards and the 4-digit number on front of AmEx cards.

______________________ Cardholder's Name

______________________ Signature

______________________ Address

______________ City

____ State

________ Zip

(__ __ __) __ __ __ – __ __ __ __ Phone

______________________ Email

❒ I am joining Holy Apostles Soup Kitchen's Monthly Giving Circle.

❒ I am a member of the Monthly Giving Circle and updating my information.

This gift is in (check one box) ❒ honor of ❒ in memory of ______________________

❒ **Please notify**:

______________________ Name

______________________ Address

______________ City

____ State

________ Zip

Thank you for your support! Your gift will be acknowledged through the mail.