



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
- \$50 Helps feed seven seniors every month
- Other _____ (gifts of any amount will be put to use immediately).

Please bill my credit card: <input type="checkbox"/> American Express <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
_____		_____	____/____
Card Number		**CVV Number	Expiration MM/YYYY
<small>**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.</small>			
_____		_____	
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) <input type="checkbox"/> honor of <input type="checkbox"/> in memory of _____			
<input type="checkbox"/> Please notify:			

Name			
_____		_____	_____
Address		City	State Zip

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