



FINANCIAL CONTRIBUTION FORM

We are grateful to live in a community that supports our mission of promoting self sufficiency through support and advocacy for those in need of food, shelter, affordable housing, quality childcare, and other services.

Enclosed is a contribution of

\$5,000 \$1,000 \$500 \$250 \$100 \$50 Other _____

Mr. Mrs. Ms. Other **Name** _____
(Please record your name as you would like this gift to be acknowledged in our donor records).

This gift is made in honor of in memory of _____

Organization _____ **Title** _____
(Individuals, please leave blank)

Address _____
Street _____ *City* _____ *State* _____ *Zip* _____

Phone _____ **Email** _____
(To receive monthly E-newsletter)

Enclosed is my contribution. Please make check payable to Reston Interfaith.

Please charge my Visa Mastercard Card Number _____ Exp. Date _____
Security Code _____

Cardholder Name _____ Signature _____
(Please print)

I would like to make a monthly gift of \$ _____ charged to my credit card beginning _____ until _____.

I prefer to make my donations anonymously.

Please send acknowledgement of this gift to _____

- Please tell me more about naming Reston Interfaith in my will donating securities/real property
 planned giving volunteer/advocacy opportunities

Please complete returned form to:
Reston Interfaith, 11150 Sunset Hills Road, Suite 210, Reston VA, 20190

Visit restoninterfaith.org or call 571.323.9566 for more information.

Thank you for your generous support.

*Contributions to Reston Interfaith are tax-deductible as allowed by law.
No goods or services were provided in consideration for this contribution.*

A financial statement concerning this charitable organization may be obtained from the Commonwealth of Virginia Office of Consumer Affairs by written request or by calling 800.552.9963. Registration with the Office of Consumer Affairs does not imply endorsement.