

I want to make a gift to the Auxiliary!

□ \$15 Samaritan □ \$35 Apostle □ \$100 Servant □ \$200 Disciple □ \$1,000 Angel □ Other \$_____

Name(s): □ Rev. □ Dr. □ Mr. □ Mrs. □ Ms.				
Address:				
Street		City	State	Zip
Phone:	Email:			
□ Mobile □ Home □ Business	Add me to the	e monthly Prayers of Hope	e email list so I can pr	ay for the children
Birthday:	Anniversar	y:		
Home Church:	Location: _			
 □ My gift is a tribute □ in honor of □ in memory of □ to p 	ray for:			
Please send notification(s) to:				
I have remembered Indiana United Mether	nodist Children's Hom	e Foundation in my v	will or estate plar	1.
My gift is matched! Company:				
Please do not print my name in your pub	olications. I wish to re	main anonymous.		
Enclosed is my check made payable to: Indiana	United Methodist Ch	nildren's Home Four	ndation, Inc. or	IUMCHF
Charge my credit card:				
Name on Credit Card				
Credit Card No				
Exp. Date / Security	Code on Back of Car	d		
	Thank you	!		
Donations to Indiana are tax deductible t	United Methodist Cł o the full extent of tł			

9333 North Meridian Street, Suite 222, Indianapolis, IN 46260 | Questions? 317-775-0606 or info@IUMCHF.org