



Please fill out this form, print, and mail with your gift. Checks should be made payable to: Greensboro Urban Ministry 305 West Gate City Blvd., Greensboro NC 27406 – (336) 271.5959

Name:				
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□ I (we) wish to	have our donation re	emain anonymous.		
DONATION IN	FORMATION My ch	eck is made payable to	Greensboro Urban Ministry for:	
<b>□</b> \$100	□\$500	□\$1,000	□\$2,500	
□\$50	<b>□</b> \$250	□\$750	□\$1,500	
□Other \$	For stock gifts p	For stock gifts please contact our office (336) 271-5959 ext. 339		
□Please contac	t me regarding <b>Plann</b>	ed Giving Opportunitie	25.	
ACKNOWLED	SEMENT INFORMA	TION		
□My gift is in r	memory of:			
□My gift is in ł	nonor of:			
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	THAI	NK YOU FOR YOUR SUPPC	PRT!	

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