

ADVENT GIFT MARKET 2020

NAME: _____ TELEPHONE: _____

ADDRESS: _____

FORM OF PAYMENT: CHECK _____ CASH _____ CREDIT CARD _____ *Provide credit card information below.*

TOTAL AMOUNT PAID: _____

Sponsored Charities	\$ Amount of Gift
Camp Good News Restorative Justice Ministries	
Developments in Literacy	
Episcopal Relief and Development	
Heifer International	
Interfaith Caring Ministries Clear Lake	
Lord of the Streets	
St Thomas School	
St Vincent's House	
The Beacon - John S Dunn Outreach Center	
Western Diocese of Louisiana for hurricane relief	
Other Donations	
<i>Please list your own preferred 501(c)(3) nonprofit organization(s) and provide specific details: Name, to the attention of information (if applicable), physical address, phone number, and website address.</i>	
TOTAL DONATIONS	

CREDIT CARD INFORMATION

NAME ON CREDIT CARD: _____ SECURITY CODE _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SIGNATURE: _____

Charges will be processed the during the following week and credit card data will be destroyed.