



DONATION FORM

Name(s) _____ Date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My company participates in a matching gift program.

I would like my donation to apply towards the following program(s):

- Food Programs
- Family Shelter
- MultiGenerational
- After Care
- Special Initiative
- Please apply to general funds.**

CHECKS Please make checks payable to:
Mail this completed form with your check to:

The Apostles' House

**THE APOSTLES' HOUSE
16-24 GRANT ST.
NEWARK, NJ 07104**

THANK YOU FOR YOUR SUPPORT! *All gifts are tax deductible.*

16-24 Grant Street, Newark, NJ 07104 Phone 973-482-0625 Fax 973-483-4106

apostlehouse@aol.com

"Where Miracles Happen Every Day"