



The Better Place MINISTRIES

DONOR FORM

NAME: _____

POST ADDRESS: _____

Street number and street name

City, state and zip code

This gift is given in loving memory of: _____

name

This gift is given in honor of: _____

name

I prefer that this gift be used for the following:

Description of item, _____ Enclosed: \$ _____

Description of item, _____ Enclosed: _____

Please use where most needed - - - - - Enclosed: _____

Total Enclosed : \$ _____

I am paying by: check MasterCard Visa Discover Card

Card number: _____ Expiration date: ____ / ____

Your name as it appears on the card: _____

Your signature (if using credit card): _____

**Please make your check payable to THE BETTER PLACE, and mail it to:
P.O. BOX 532, JAMESTOWN, NY 14702-0532. Thank you.**

THE BETTER PLACE, INC.

EIN: #83-0362390

NYS Charities Bureau registration #20-49-47

You may go to the NYS Charities Bureau web site to request a financial accounting.

www.oag.state.ny.us/charities/search.htm/