



Donation Form

Please indicate your interest and support by completing and returning this form to:

Camellia Ministries Charitable Foundation
P.O. Box 1267
Hattiesburg, MS 39403

I am enclosing a donation of \$_____.
(Make checks payable to Camellia Ministries Charitable Foundation)

Bill my donation of \$_____ to my credit card.

Name as it appears on card:_____

Card Number:_____

Exp. Date (mo/yr):_____

Donor's Signature:_____

Daytime Phone Number:_____

This donation is to be given in the name of:

for the following (please check one):

Memorial Honorarium Other_____

Relationship to the person you are recognizing with this donation:

Your Name:_____

Mailing Address:_____

Name/family and mailing address of the person who should
receive and acknowledgement of your donation:

(Personal information that you provide will only be used to (a)send and acknowledgement of your donation; (b)send a receipt; (c)contact you regarding any errors on your donation form; (d)contact you regarding potential giving opportunities. Please contact our office if you prefer not to be contacted about potential giving opportunities.)