

Strengthen What Sustains Care

GIVE BY MAIL

You are helping to provide excellent medical care and to extend the hope of Jesus.



YOUR INFORMATION

FULL NAME

PHONE

STREET ADDRESS

CITY / STATE / ZIP

EMAIL ADDRESS

YOUR GIFT

GIFT AMOUNT \$ _____

GIFT FREQUENCY ☐ One-time gift ☐ Monthly gift

DESIGNATION *Your gift will be used where it is needed most.* [27-ONLINE](#)

To designate your gift to a specific MBF program/project, please write it here: _____

PAYMENT

☐ Check Payable to MBF

☐ Credit / Debit Card

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

CARD NUMBER

EXP. DATE

CVV

NAME ON CARD

SIGNATURE

BILLING ZIP CODE

Monthly gifts: Your first gift will be processed upon receipt; future gifts will occur automatically each month.

Security notice: Card information is processed by MBF's secure gift processing office in compliance with PCI Data Security Standards and securely destroyed after processing. For your security, please **do not email this completed form**.

QUESTIONS?

hello@MBF.org

1-800-547-7627

MBF.org

MAIL THIS FORM WITH YOUR GIFT TO:

MBF

12946 Dairy Ashford Rd., Suite 230

Sugar Land, TX 77478

MBF is a 501(c)(3) nonprofit. Tax ID: 62-6046138. Gifts are tax-deductible as permitted by law.

Donations designated for a specific program or project will be used as directed whenever possible. If a project is canceled, completed, or no longer requires funding, MBF reserves the right to prayerfully reallocate such funds to other initiatives that further its mission.