



BREVARD RESCUE MISSION

YES, I WILL MAKE A DIFFERENCE!!

Brevard Rescue Mission is transforming lives...one family at a time.

Name _____
Address _____
City, State Zip _____
Phone _____
Email Address _____

Count on me for:

- \$10 a month provides 50 diapers
- \$25 a month provides household toiletries for a family
- \$50 a month feeds a child 25 meals
- \$150 a month pays utilities for a family
- \$400 a month houses a family
- \$ _____ per month

I would like to pay by:

- ___ ACH (fill out form on back)
- ___ Bill me monthly by email
- ___ Bill me monthly by mail
- ___ Attached is a donation of \$ _____

(Please make your check payable to Brevard Rescue Mission.)

Our mission is to break the cycle of homelessness by ministering the love of Jesus Christ to those in need in our community by providing assistance in the areas of shelter, food, clothing, health care, guidance, counseling, job training, and education resulting in independent living.

ACH Donation

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number: _____ Account Number _____

I authorize Brevard Rescue Mission to withdraw \$ _____ monthly on the 15th day of the month until notified in writing to terminate.

Signed _____ Date _____

www.BrevardRescueMission.org
P.O. Box 204, Cocoa, FL 32923

Brevard Rescue Mission, Inc. is a 501(c)(3) non-profit organization. A copy of the official registration and financial information (CH26655) may be obtained from the Division of Consumer Services by calling 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval, or recommendation from the state. Since you are receiving no goods or services in return for your donation, your contribution is tax deductible.