

Donation Form

Suggested Monthly Contribution:

□ \$25	□ \$50	□ \$ 100	□ \$150	□ \$25 0	□ Other Amount \$
<u>One Time Gift:</u>					
□ \$1 00	□ \$150	□ \$ 250	□ \$500	□\$1,000	□ Other Amount \$
In Kind Gift:					
Name of Contributor:					
Street Address:					
City:			S	tate:	Zip Code:
Email addre	ess:				Phone Number:
Please send contributions to:			No Walls Ministry, Inc. P.O. Box 3442 Lynchburg, VA 24503		

We are a 501 (c) (3) public charity; all contributions are tax deductible. Your receipt will be mailed to the address provided. For additional details about the No Walls Ministry please visit our website at <u>www.nowalls.us</u>.