



Please complete, print and send this form with your donation; you may remain anonymous if you wish. Please print legibly so we will be able to send you an acknowledgement. **Please note, to receive an acknowledgement may take up to 30 days.**

Your Information

Your Name: _____

Street Address: _____

Apt / Suite: _____

City: _____ State: _____ Zip: _____

Country: _____ Email Address: _____ Daytime Phone: _____

Today's Date: _____

I would like to donate... \$25 \$50 \$75 \$100 Other: _____

Please make checks payable to the Agape Community Center

Comments:

**Agape Community Center – 2353 Bolton Road NW Atlanta, Georgia 30318
Phone (404) 355-1877 – Fax (404) 355-7442**