## Please complete the form and mail your donation to us.

| Contributions are solicited with<br>the understanding that Pure<br>Charity has complete control &                  | FIRST NAME   |
|--|--------------|
| administration of the use of donated funds. Please make  |              |
| your check payable to "The<br>Hub: Urban Ministries' Fund at<br>Pure Charity" and address your                     | STREET ADD   |
| envelope to PO BOX 1234<br>Searcy, AR 72145. Gifts to Pure   |              |
| Charity are deductible for<br>income tax purposes as allowed<br>by law. Contributions<br>postmarked by December 31 | CITY / TOWN  |
| will be acknowledged for that<br>tax year.   | POSTAL / ZIP |

| FIRST NAME        | LAST NAME                  |
|-------------------|----------------------------|
| STREET ADDRESS    | APT. / SUITE / UNIT        |
| CITY / TOWN       | STATE / REGION / PROVINCE  |
| POSTAL / ZIP CODE | AREA CODE AND PHONE NUMBER |
|                   | FUN184065                  |

EMAIL ADDRESS

DONATION ID