



CONTRIBUTION RETURN CARD

PLEASE ACCEPT MY CONTRIBUTION TO
RURAL & MIGRANT MINISTRY OF \$ _____.

Name _____

Address _____

City & State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail _____

This gift will be matched by my employer. (Please enclose form.)

Please record my gift in honor/memory of: _____

Please enroll me as a member of RMM at a monthly pledge of _____.

Deduct from my credit card monthly

I will send a check each month.

METHOD OF PAYMENT

Check made payable to RMM in the amount of \$ _____.

VISA MasterCard Expiration Date _____ (VERY IMPORTANT)

Name as it appears on the credit card _____

Signature _____

Card No:

Security Code:

All contributions are tax-deductible to the full extent allowed by law.

For more information, please contact Rural & Migrant Ministry at 845/485-8627.

Rural & Migrant Ministry (RMM) was incorporated as a non-profit, non-sectarian organization in 1981. RMM works alongside disenfranchised rural residents and agricultural workers in New York State through programs of advocacy, empowerment and leadership development.

Rural & Migrant Ministry

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AND THANK YOU.