1 Yes, I want to help Still Waters be a place of silence, solitude and spiritual companionship.

- ☐ I wish to make a gift at this time.
- ☐ I am fulfilling a monthly pledge.
- ☐ I want to make a new monthly pledge.

GIFT AMOUNT ENCLOSED: $_____

2 Please print clearly.

Name _____

Address _____

City _____ State/Province _____

Home Phone _____ Postal Code _____

E-mail _____

3 Please accept my gift by:

- ☐ Check (enclosed is a check to “Still Waters”)
- ☐ Credit Card (my information is below)

☐ **Check here to set up an automatic gift**

Yes! I hereby authorize Still Waters to deduct my donation of $ _____ from my credit/debit card each month (please fill out e-mail address above). I understand that to discontinue this service, I will notify Still Waters in writing.

GIFTS BY CREDIT CARDS & DEBIT CARDS ACCEPTED

Credit Card No.

Expiration Date (Month Year) _____ Card Security Code _____

Cardholder’s Signature

STILL WATERS

a place for silence, solitude, and spiritual companionship

16495 W. Clear Lake Rd., Buchanan, MI 49107

269-695-REST | www.ComeBeStill.org