

Gracious Givers

Monthly Giving Program

Commitment Agreement

I wish to commit to a monthly donation to the Panama City Rescue Mission of:

\$ _____ each month for the period of _____ year(s), to be paid via:

Credit or Debit card # _____

Exp. date: _____ Security Code _____

Your financial information is secured through eTapestry. We are not affiliated with any government entity or other non-profit association. We stand alone and do not share your information with anyone.

I agree to notify the Panama City Rescue Mission if any of the above information changes or expires during my commitment period.

Signature: _____ Date: _____

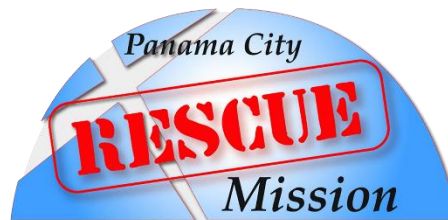
Print name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

We sincerely thank you for your support and blessings in our effort to bless those in need.



Please return the application via:

email at info@pcrmission.org

or

Fax to 850.763.0099

or

Mail to:

Panama City Rescue Mission • 609 Allen Ave. • Panama City, FL 32401

For questions or to enroll via phone, call 850-215-0155