

# BABYSTEPS DONATION FORM

*Donations made with this form benefit BabySteps at St. Michael's Cathedral.*

**DONATION TO:**

St. Michael's Episcopal Cathedral  
518 North Eighth St.  
Boise ID, 83702

**TO BENEFIT:** The BabySteps and Nurturing Skills for Families Community Ministry

Please complete the following two-page form. Your correct name and address are required to acknowledge your donation. If you have trouble filling out this form, please call us at 208-342-5601.

**Your Donation Type** (check one):

- Special Occasion gifts
- Memorial
- Honorarium
- Other (explain): \_\_\_\_\_

**In Honor of** (optional): \_\_\_\_\_

**Type of Occasion** (optional): \_\_\_\_\_

**Send "In Honor Of" Acknowledgement to** (optional):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Relationship to Honoree: \_\_\_\_\_

*Continued on next page.*

**Your Billing Information:**

Please enter your billing information.

Your Full Name: \_\_\_\_\_

Your Spouse's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type (circle one):    Visa    MasterCard    AmEx

Name as it appears on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date (mm/yyyy): \_\_\_\_\_

3 digit card security code: \_\_\_\_\_

Your Signature\*: \_\_\_\_\_

\*Indicates you authorize and will pay for the above charges per your cardholder agreement.

**Matching Gifts:** If you or your spouse's employer matches gifts to charities, please provide the company's name below.

Company Name: \_\_\_\_\_

Contact Person and Phone Number: \_\_\_\_\_

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