

Saint John's United Methodist Church 2024 *Gifts of Hope* Card Order Form

Name__

Address:		
Phone: Email:		
nstructions: Please list your donation along vor		
o later than 12/18 to be available by Christma	as Day.	
Name of Organization	Amount of Donation	Number of Gift Cards
Austin Area Justice for Our Neighbors		
CASA Marianella		
Community 1st Village		
Hope Food Pantry		
Lydia Patterson Institute		
Out Youth		
RainBow Room		
The Refuge Ranch		
Women's Storybook Project		
TOTALS		

Office Use: Payment Method: ___Cash ___Check #____ Credit Card: MC Visa