



FLORIDA UNITED METHODIST CHILDREN'S HOME

DEVELOPMENT DEPARTMENT
51 CHILDREN'S WAY · ENTERPRISE, FL 32725
TELEPHONE: (386) 668-5088

Please write amount of each
gift card on its back

GIFT CARD DONATION FORM

DATE _____
CHURCH CODE NO. (GFCA#) _____
DISTRICT _____

CHURCH _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

Store/Gift Card type	Amount per gift card	Number of gift cards	Subtotal for line	Donor Name	Donor Address
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____

TOTAL NUMBER OF GIFT CARDS (including back) _____

TOTAL AMOUNT IN GIFT CARDS (including back) \$ _____

Please return form to the address listed above

Store/Gift Card type	Amount per gift card	Number of gift cards	Subtotal for line	Donor Name	<i>(Donor name and address fields are not required, but appreciated)</i> Donor Address
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____
_____	\$ _____	x _____ =	\$ _____	_____	_____

TOTAL NUMBER OF GIFT CARDS _____

TOTAL AMOUNT IN GIFT CARDS \$ _____