Please complete the form and mail your donation to us.

| Contributions are solicited with |
|----------------------------------|
| the understanding that Pure |
| Charity has complete control & |
| administration of the use of |
| donated funds. Please make |
| your check payable to "Cross |
| Church's Fund at Pure Charity" |
| and address your envelope to |
| PO BOX 1234 Searcy, AR |
| 72145. Gifts to Pure Charity are |
| deductible for income tax |
| purposes as allowed by law. |
| Contributions postmarked by |
| December 31 will be |
| acknowledged for that tax year. |

| FIRST NAME | LAST NAME |
|-------------------|----------------------------|
| STREET ADDRESS | APT. / SUITE / UNIT |
| CITY / TOWN | STATE / REGION / PROVINCE |
| POSTAL / ZIP CODE | AREA CODE AND PHONE NUMBER |
| | FUN419698 |
| EMAIL ADDRESS | DONATION ID |