



Contribution Form

DONOR INFORMATION

Donor Name :: _____

Title :: _____ Organization :: _____

Address :: _____

City/State/Zip :: _____

Email Address :: _____

Contact Phone :: _____

SEND CHECK TO ::
Potters Wheel Ministries
333 Jefferson Avenue
Evansville, Indiana 47713
T 812.401.4440
F 812.401.4440
www.potterswheelinc.org

DONATION INFORMATION

PROJECT DESCRIPTION: _____

DONATION AMOUNT: \$ _____

CREDIT CARD INFORMATION

Name On Card :

Address :

Card Type :

Card Number :

Expiration Date :

Security # (on back)

Signature of Donor :: _____

Thank You,

On behalf of the Potters Wheel Ministries and all who are impacted by their efforts, thank you for investing resources into a ministry that is changing lives.

Mark Hite

Chairman, Potters Wheel Board Of Directors