

# JoCoIHN Contribution Form

To make a contribution by check, please provide the following information.

Name \_\_\_\_\_

Organization/Congregation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I / We want to provide financial support by:

enclosing a check of \$ \_\_\_\_\_

making contributions of \$ \_\_\_\_\_ each  month  quarter  
beginning \_\_\_\_\_

Please make checks payable to

**Johnson County Interfaith Hospitality Network, Inc.**

Mail this form and your check to:

**Johnson County Interfaith Hospitality Network, Inc.**

**11503 S. Strang Line Rd, Ste C,**

**Olathe, KS 66062**