



Q Place Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Other phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Donation amount: \$ \_\_\_\_\_

Frequency (please circle):      one-time      monthly

Check enclosed

Please charge my credit card:    AMEX      VISA      MC      DISCOVER

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**This gift is preferenced for:**

Q Place where most needed

The ministry of \_\_\_\_\_

Other \_\_\_\_\_

This gift is (please circle one):    in honor of      in memory of

\_\_\_\_\_

Please Return To:

**Q Place**

P.O. Box 1581 • Wheaton, IL 60187

Tel: 1-800-369-0307 • Fax: 630-668-4363 • Email: [info@QPlace.com](mailto:info@QPlace.com)