

Memorial Gifts

If flowers, a card, and kind words are not enough and you find yourself wanting to do more that is fitting, meaningful and sincere, consider expressing your appreciation and love through a Memorial Gift with eternal significance.

A Memorial Gift gives you the opportunity to convey your sympathy to the bereaved family and to see the memory of a loved one honored through the ministry of JESUS Film Harvest Partners. It is a meaningful and lasting way to celebrate and honor the life of a special friend or loved one.

Through your gift, JESUS Film teams will share Jesus, disciple new believers, and plant churches. Based on historical ministry averages, for approximately every \$3, one person makes a decision for Christ!

Upon receipt of your gift, a tasteful and attractive card will be sent to the family of the person you honor, telling them that their loved one has been memorialized in this special way. **Each gift will be promptly acknowledged, and the amount of your gift will never be disclosed.**

For public notices, the family may place the following in newspapers, church bulletins, etc.:

Memorial Gifts may be sent to:

Memorial Gift for {insert name}
 JESUS Film Harvest Partners
 15055 W 116th Street
 Olathe, KS 66062

www.JFHP.org ♦ 913-663-5700

Memorial Gift Form

In Memory of:

 Name of deceased (Please specify Mr., Mrs., Ms., Dr., Rev.)

Please send card to:

 Name of family member(s) (Please specify Mr., Mrs., Ms., Dr., Rev.)

Address _____

City, State/Prov _____

Zip/Postal Code, Country _____

From (your information):

 Your name (Please specify Mr., Mrs., Ms., Dr., Rev.)

Address _____

City, State/Prov _____

Zip/Postal Code, Country _____

Phone () _____

E-mail _____

Signature _____ Date _____

Enclosed is a check for \$ _____
 Gift amount

Please make your check to:

JESUS Film Harvest Partners
 15055 W 116th Street
 Olathe, KS 66062

All gifts are tax deductible and will be receipted.

Please charge my credit card \$ _____
 Gift amount

 Card Number

Card Number

_____/_____
 Expiration (MM/YYYY)

Expiration (MM/YYYY)

VISA

MasterCard

 Name as it appears on card

Name as it appears on card

I authorize the amount indicated above to be charged to my credit/debit card.

Signature

Date

DETACH ALONG DOTTED LINE AND MAIL