Homestead Soup Kitchen, Inc.

PO Box 901180 Homestead FL 33090-1180

Yes I would love to help serve those in need in my community.

My Information: Date:		Date:		
My Name:				
Address:				
City/State/Zip:				
Phone:			Fax:	
Cas	h Donation:			
\$2,500 \$1,000	\$500 \$250 \$	\$100	\$50 O the	er \$
Monthly Pledge:				
□ \$500 □ \$250 □	□ \$100 □ \$50 □ \$	25 🖵 \$1	0 • Other	\$
Volunteer My Time:			Check	all that apply.
I can help with:	☐ Food Preperation	☐ Cookir	ng 🖵 Servin	g 🖵 Cleaning
_				
Donate Goods:				
Describe:				
Donate Services:				
]Describe:				
Mail along with this for with a receipt for dona	k or money order paya form to the address sho ations of cash or goods or donation is tax deduce	wn above. s for your t	Upon request	we will provide you