



Samaritan
Fundraising.com

Raise Money for Your Church, Ministry, or Outreach.

Samaritan Fundraising Return Form:

Organization Name: _____

Contact Name: _____

Mailing Address: _____

Email: _____ Phone# _____

Card Order Date: _____

Invoice # _____

Number of Cards Ordered: _____

NUMBER OF CARDS YOU ARE RETURNING FOR CREDIT: * _____

* Can be no more than 25% of original order amount and within 60 days of Order Date to receive credit.

Please Select One for Credit Method:

- Credit my Open Invoice
- Send Refund in Check Payable To: _____
- Credit Credit Card Used at Purchase

Signature: _____ Date: _____

Please mail this form along with the returned cards to:

Be My Samaritan Inc
4000 Legato Rd, #1100
Fairfax, VA 22033