

CCC GIFT CATALOG ORDER FORM

STEP 1: Select Gift Items

PRICE

QUANTITY

TOTAL

OVERALL NEED			
Where needed most:	\$		
Campus-wide impact: One of each	\$1852		
PREGNANCY & FAMILY CARE CENTER			
"Earn While You Learn"	\$25		
Impact parents with training	\$25		
Facilitate an Adoption	\$50		
Provide Emergency Care for Families	\$25		
CHILDREN'S SHELTER			
Sponsor Boy or Girl - 1/2 Day	\$42		
Sponsor Boy or Girl - Full Day	\$80		
Help with emergency repairs	\$35		
Provide Respite Care for Families	\$40		
SAMARITAN INN (Transitional Shelter for Homeless Families)			
Sponsor a Homeless family - 1 Day	\$28		
Sponsor a Homeless family - 1 Week	\$190		
Refurbish a Room for a Family	\$50		
Provide Shelter for a Homeless Mom	\$75		
WOMEN'S CARE CENTER			
Sponsor a Woman - 1 Day	\$15		
Sponsor a Woman - 1 Week	\$100		
Homeless Woman Struggling with Addiction	\$50		
Equip women with Bibles and study materials	\$25		
MEN'S RESIDENCE			
Sponsor a Man - 1 Day	\$15		
Sponsor a Man - 1 Week	\$100		
Equip Men with Bibles & Study Materials	\$25		
The Bridge Transitional House - 1 Week	\$93		
BENEVOLENCE CENTER			
Provide 100 lbs of Food	\$19		
Provide 200 lbs of Food	\$38		
Maintain & Fuel our Refrigerated Truck	\$50		
Supply the Homeless	\$30		
SUBTOTAL			

Please turn over for more options & to finish

	PRICE	QUANTITY	TOTAL
FRESH START JOB PROGRAM			
Help a Client develop a resume and find a job	\$ 50		
Give Job skill training	\$100		
Provide a seminar to equip job seekers	\$25		
COMMUNITY MEDICAL CARE CENTER			
Supply \$50 of Medical Services	\$ 5		
Supply \$250 of Medical Services	\$25		
Supply \$500 of Medical Services	\$50		
Deliver Dental Care to a needy client	\$100		
OTHER OPPORTUNITIES			
Feed the Homeless - 1 meal	\$2		
Feed the Homeless - 10 meals	\$20		
Feed the Homeless - 100 meals	\$200		
Provide counseling services & materials	\$50		
FRONT SUBTOTAL			
TOTAL			

This donation is sent in Memory of _____

This donation is sent in Honor of _____

Please notify:

Name: _____

Address: _____

City/State/Zip: _____

STEP 2: Method of Payment

☐ Check ☐ Credit/Debit Card ☐ Website

www.ChristianCareCenter.org

Card Number

3 Digit CVV code on back of card

Expiration Date

Your Name

Your Mailing Address

Your Email Address

Signature (required)

PLEASE MAIL THIS FORM TO

The Christian Care Center
115 North 13th Street
Leesburg FL, 34748

THANK YOU FOR YOUR GENEROSITY!