



ONE MONTH OF MERCY

Thank you for taking the Micah 6:8 Challenge!

Name(s): _____
(Individual, Church, Organization)

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

_____ **I/we are excited to participate in "One Month of Mercy" to benefit the people of Sevier County in unfortunate situations through SMARM.**

Check all of the below that apply:

_____ I/we will support SMARM by making a total gift of \$ _____

_____ I/we will support SMARM by donating \$ _____ per _____
(room night, guest, dinner)

for the time period _____ (OPTIONAL: Not to exceed \$ _____ as a total gift.)
Date Amount

_____ Our Group or Organization can raise money for SMARM with the following fundraiser: Name: _____

_____ to be held: _____

_____ Please contact me/my organization or church about how we might offer volunteer services to aid in the mission of SMARM

Donations may be made securely online at www.smarm.org.
We thank you for your participation.

Fax or mail your One Month of Mercy Pledge Form to:

SMARM -- Smoky Mountain Area Rescue Ministries
PO Box 5968 Sevierville, TN 37864
Phone: 865 908 3153 Fax: 865 908 3772
www.smarm.org
Dick Wellons, Director
SMARM is a 501c3 Non Profit Organization