



TRACY TAYLOR MINISTRIES
INTERNATIONAL
COVENANT PARTNERSHIP FORM
www.tracytaylorministries.org
Office: (708) 856-5737

(Please Print Clearly)

**All personal information is strictly confidential*

___ **Yes**, I would like to become a Covenant Partner and my gift of \$ _____
will be given on a **monthly basis** every ___ day of the month by: ___ Mail
___ Automatic deduction ___ Online (www.tracytaylorministries.org)

___ I would like to donate a single gift of \$ _____.

METHOD OF PAYMENT (Please do not send cash):

1. ___ Check/Money Order Enclosed **Check/Money Order No:** _____
***Please make payable to Tracy Taylor Ministries International**
2. ___ **Personal Credit/Debit** ___ **Business Credit/Debit**
Please charge \$ _____ to my:
___ VISA ___ MC ___ Discover ___ Amex

Credit /Debit No: _____

Expiration Date: ___/___/___ Security code: _____ (3 no. on back of card)

Name as it appears on Credit/Debit Card: _____

Signature: _____ Date: ___/___/___

Last Name: _____ First Name: _____ MI _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Country: _____

May you receive 1000 fold return on your seed sown into our ministry in Jesus Name. Amen!

***"Give, and [gifts] will be given to you; good measure, pressed down,
shaken together, and running over, will they pour into the [pouch formed by]
the bosom [of your robe and used as a bag]. For with the measure you deal out [with the
measure you use when you confer benefits on others], it will be measured back to you.***

{Luke 6:38} Amplified Bible