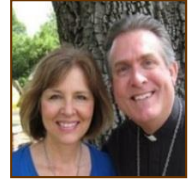


# WORSHIP EQUIPPERS FOR CHRIST

## *Missions Partner Network Gift Form*



Yes Dean & Glorianne, I/We would like to join your Missions Partner Network

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Addresses: \_\_\_\_\_

I/WE would like to receive your Prayer Updates

I/We would like to invest the following **Year-End Gift** in your ministry:

\$25  \$50  \$100  \$250  \$500  \$1000  \$2500  \$5000 Other: \$ \_\_\_\_\_

I/We would like to invest the following **Monthly Gift** in your ministry for 2018:

\$25  \$50  \$100  \$150  \$250  \$500  \$1000 Other \$ \_\_\_\_\_

*Please make check payable to Worship Equippers for Christ. Your Gift will be acknowledged with a tax receipt.*



Name of Card: \_\_\_\_\_ Name on Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Please process my *Monthly Gift* on the  1<sup>ST</sup>  15<sup>TH</sup> day of the month beginning in month of \_\_\_\_\_

**THANK YOU FOR YOUR PARTNERSHIP IN MINISTRY!**

*Please mail this Gift Form to:*

*Worship Equippers for Christ*

*21010 Southbank St. # 225 / Potomac Falls, VA 20165*

*Office Phone: 703.297.8139 / Ministry Cell: 703.470.1077*

*Website: [worshipequippers.org](http://worshipequippers.org) / Email: [DSchultz@worshipequippers.org](mailto:DSchultz@worshipequippers.org)*