



WORSHIP EQUIPPERS FOR CHRIST
Missions Partner Gift Form

YES, Dean & Glorianne, I/We would like to partner with you in the work of God's Kingdom

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone: (Home) _____ (Cell) _____
 Email: 1) _____ 2) _____

Please email your Missions Network Updates

I/We would like to invest the following *Special 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:

\$25 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

Please make checks payable to Worship Equippers for Christ. All Gifts are tax-deductible and will be acknowledged with a receipt.



Name of Card: _____ Name on Card _____ CVV _____

Credit Card Number: _____ Expiration Date _____

Please process my *Monthly Gift* on the 1ST 15TH Day ____ of the month beginning in (month) _____ 2019.

Comments / Areas of Ministry Interest / Prayer Requests:

THANK YOU FOR YOUR PARTNERSHIP IN MINISTRY!



Please mail this Gift Form to:

Worship Equippers for Christ Missions Network

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

Office Phone: 703.297.8139 / Website: worshipequippers.org / Email: DFSpraise@gmail.com