



WORSHIP EQUIPPERS FOR CHRIST

Missions Partner Year-End Gift Form

Name:			
Address:			
City:	State	Zip	
Phone: (Home)	(Cell)		
Email: 1)	2)		
I/We would like to invest the follow	wing Year-End Gift in your ministry:	;	
() \$25() \$50() \$100() \$250()	\$500()\$1000()\$2500()\$5000 Ot	her \$	
I/We would like to invest the follow	wing Monthly Gift for the next 12 mo	onths:	
() \$30 () \$60 () \$100 () \$250 () \$	5500 () \$1000 Other \$		
Please make checks payable to Wo	orship Equippers for Christ or you can	donate online at worshipequipper	s.org
(Gifts are tax-deductible and acknowledge)	owledged with a receipt)		
Mastercard DOPRESS DISCOVER			
Name of Card: Name of	on Card	CVV	_
Credit Card Number:	1	Expiration Date	-
	t on the () 1st () 15th Dayof the up automatically at our website at wv		(year)
Prayer Requests / Comments			

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: DSchultz@worshipequippers.org