

Ministry Partner Gift Form

() YES, Dean & Glorianne, **I/We** would like to join your Ministry Partner Team!

Address:		City:	State	Zip
Phone	Text:		Email:	
() Please stay connected t	through your ministry com	nunications.		
I/We would like to invest	the following Special Gift	t in your ministry:		
()\$25()\$50()\$100()	\$250()\$500()\$1000()	\$2500 () \$5000 Oth	er \$	
I/We would like to invest	the following <i>Monthly Gi</i>	ft in your ministry:		
() \$25 () \$50 () \$100	()\$150()\$200()\$250() \$ 500 () \$1000 Oth	ner \$	
You can make a special gi	ft and/or set up your montl	nly gift by going to Wo	orshipEquippers.org/Donat	te. Please make
checks payable to Worshi	p Equippers. All gifts are ta	x-deductible and will	be acknowledged with a red	ceipt.
MasterCard AMERICAN DISCOVER				
Name on Card:				
Name of Card	Credit Card Number	:		
		(37	gift can be set up online at	1 .)



Thank you for your partnership in ministry!