

## **House of Praise Giving Form**

## YOUR CONTACT INFORMATION

First Name	Last Name
Address	
City/State	Zipcode
Phone	Email
I (we) pledg	E INFORMATION e a total of \$ to be paid by 12/31/2023. I (we) plan to meet this I by making Payment(s):
	ne Time
	onthly Jarterly
	early
	o make this contribution by:
Ca	ash
	neck edit Card
Cr	odit Card Numbor: Evoiration:
	edit Card Number: Expiration:
	/V Security Code: Billing Zip Code:
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C\ Au Ele Oth My Contribu Co Co ACKNOWLE	AV Security Code:    Billing Zip Code:      athorized Signature:

Make checks, corporate matches and other gifts payable to: NEP House of Praise 351 Chestnut St Manchester, NH 03101