

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 |
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| | /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