

I would like to become a

# PARTNER of Ellel Ministries USA

To become a PARTNER simply complete this form and send to the address shown on the back of this brochure.

I would like to sign-up as:  An individual  A church

## PARTNER DETAILS

Individual Name \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Please do not add me to your mailing list

## PAYMENT DETAILS

**INDIVIDUAL:** I would like to make a pledged monthly donation of:

\$20  \$25  \$30  \$50  \$100  Other \$\_\_\_\_\_

**CHURCH:** We would like to make a pledged monthly donation of:

\$100  \$150  \$200  \$300  \$500  Other \$\_\_\_\_\_

I/We would like to make this payment by credit card on the \_\_\_\_\_ day of each month (please complete your credit card details below).

**Card type:**  Visa  Mastercard  Amex  Dscvr

**Card number:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Security code:** \_\_\_\_\_ (The last 3 numbers on the reverse of the card)

**Expiry date:** \_\_\_\_ | \_\_\_\_ **Signature:** \_\_\_\_\_

I/We would like to make this payment by direct deposit and I authorize Ellel Ministries USA to debit my (check one)  checking  savings account on the (check one)  1<sup>st</sup>  15<sup>th</sup> day of each month for the amount shown above. This authorization will remain in effect until I notify Ellel Ministries USA in writing to terminate this authorization. (Please complete your details below)

Name of financial institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_