

COVENANT FRIENDS REGISTRATION FORM

First Name

Last Name

Address

City

State / Province

Zip Code

Phone

Alt. Phone

Email Address

Monthly Gift Amount: \$30 \$50 \$75 \$100 other _____

Visa Mastercard Discover American Express Check Money Order

Card Number

Exp. Date

3-Digit Code

Cardholder's Name

Signature

Recurring Monthly Gift _____ Date each month you would like automatic gift



Please mail completed form to: **Crissy Sanders Ministries**
2501 Thompson Street
Terre Haute, IN 47802