

Yes! I want to sow into the work of Glenn Arekion Ministries to teach the body of Christ the Word of faith, the Word of God, the Word of victory, the Word of hope

DONATION AMOUNT

Enclosed is my gift of: \$25 \$50 \$100 Other \$ _____

(If enclosing a check please make payable to Glenn Arekion Ministries)

CREDIT CARD DETAILS

Card type: VISA MasterCard Discover American Express

Cardholder's name as is appears on card: _____

Credit card number: _____ Expiration date: (Month): _____ (Year): _____

Signature of cardholder: _____

SIGN UP FOR REGULAR GIVING

I'd like to give my gift regularly each month. Sign me up for a regular payment plan:

Please deduct my gift from my checking account on the ____ day of the month

(insert date no later than the 28th – please attach a voided check for the account you wish to have debited)

OR

Please charge my donation monthly to my:

on the ____ day of the month *(Insert date no later than the 28th)*

YOUR INFORMATION *(please print clearly)*

First name: _____ Last name: _____

Address: _____

City: _____ State: _____

ZIP: _____

Phone: () _____

Email: _____ Please send me email updates

Please send your donation along with this form to:

Glenn Arekion Ministries, PO Box 197777, Louisville KY 40259

You can also give by calling **502-523-4407** or visiting our website at <http://glennarekion.org>