



Information to Include with Your Gift:

Name: _____

Address: _____

Phone: _____

Fax _____

Email: _____

Country/Province/State _____

Methods of contribution:

We would like to join/continue with you in financial partnership.

Monthly gift of: \$

Quarterly gift of: \$

Annual gift of: \$

One time gift of: \$

We would like to (continue to) receive your prayer bulletin and mission activities information. (Tick One)

Yes No

Other (please specify)

9 But, beloved, we are convinced of better things concerning you, and things that accompany salvation, though we are speaking in this way. 10 For God is not unjust so as to forget your work and the love which you have shown toward His name, in having ministered and in still ministering to the saints. 11 And we desire that each one of you show the same diligence so as to realize the full assurance of hope until the end,

Heb 6:9–11, NAS