



Please make checks payable to Church Doctor Ministries.

We also accept PayPal!

1230 US Highway Six, Corunna, IN 46730, www.churchdoctor.org

Check enclosed. Check # _____ Amount _____

Credit Card: Visa MasterCard Discover

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____ CVV# (on back of card) _____

Signature _____

(as it appears on card)

Billing Address _____

(if different than reverse side)

- I/We will pray for this movement.
- I/We will make a special launch gift of \$_____.
- I/We will donate a monthly support amount of \$_____.
- I/We will donate an annual gift of \$_____ during the month of _____.
- I/We prefer to set up automatic, monthly electronic payments.

Suggested Use:

- Yes, Kent and Tracee, I/we want to help Church Doctor Ministries equip churches by launching the SEND Center Movement!

Help us keep our database up to date!

Name _____

Address _____

City, State, ZIP _____

Phone _____

E-mail Address _____

Prayer Requests _____



Church Doctor Ministries is a member in good standing of The Evangelical Council for Financial Accountability. Contributions are solicited with the understanding that Church Doctor Ministries has complete discretion and control over the use of all donated funds.