



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

Please make checks payable to Church Doctor Ministries

We also accept Paypal!

I am a:

- Donor/Friend of the Ministry
- Church

One Time Gift Amount \$ _____

Please spread my gift over 10 months \$ _____/month

Check enclosed, Check # _____ Amount _____

Credit Card: Visa MasterCard Discover

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____ CSV# (on back of card) _____

Signature _____

(as it appears on card)

Billing Address: _____

(if different than reverse side)

Suggested Use:

- Ministry Staff Expansion

Other Preferences:

- CDM General Funds
- SEND NA General Funds
- Other Team Member _____

- No, I will not be able to help. Please remove me from your mailing list.

Help us to 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.

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