CHURCH DOCTOR MINISTRIES

SEND NORTH AMERICA

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

I am a:

- ◊ Donor/Friend of the Ministry
- ◊ Church

I am interested in:

- ◊ Using Thrivent Choice Dollars to Support the Ministry
- ◊ Electronic Giving Options (See enclosed.)
- ◊ Legacy/Planned Giving

Please make checks payable to Church Doctor Ministries.
We also accept PayPal!

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)

Gift Designation:

- ◊ Use my donation to help Church Doctor Ministries help more churches reach more people.

Help us keep our database up-to-date!

Name _____

Address _____

City, State, ZIP _____

Phone _____

E-mail Address _____

Prayer Requests _____

_____

ECFA ACCREDITED

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.