



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

I am interested in: (please select)

- ◇ Electronic giving options, including direct donations with no fees to me or the ministry. (ACH)
- ◇ Setting up recurring donations with no fees to me or the ministry.
- ◇ Legacy/planned giving
- ◇ Using Thrivent Choice Dollars to support the ministry
- ◇ Having Kent or Tracee speak at my church or in my community.

Please make checks payable to Church Doctor Ministries.

We also accept PayPal!

www.churchdoctorministries.com/donate

Check enclosed. Check # _____ Amount \$ _____

Credit Card Number: _____ - _____ - _____ - _____

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

Signature: _____

Please select:

- ◇ I would like this to be a recurring monthly donation.
- ◇ I would like this to be a recurring yearly donation.
- ◇ I would like this to be a one-time donation.

Gift Designation:

- ◇ Use my Easter 2021 donation to help Church Doctor Ministries help more churches reach more people.

Help us keep our database up-to-date! Please fill out completely.

Name _____

Address _____

City, State, ZIP _____

Phone _____

Email 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.