Partner in Faith Application

(2-2007)

To become a Partner in Faith with Faith In Action Ministries, Inc., please print, fill out, and mail this application (along with your contribution) to Faith In Action Ministries, Inc. ATTN: Partner In Faith Post Office Box 522 Dover, Delaware 19904.

Please make your check or money order payable to Faith In Action Ministries, Inc.

This application may be used for either an individual or organizational partnership/sponsorship.

Check all that apply: ___ New Partner ___ Organization Partner
___ Individual Partner ___ Partnership Renewal

Name: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

Name of Organization (if applying as a Organization Partner):

_____

Business Number: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Would you like your name or organization listed in our publications? ___ Yes ___ No
If yes, please print how you would like your name or organization's name to be listed (your address or organization's address will not be listed, unless you notify us otherwise):

_____

_____

Please check which amount you are contributing:

___ $30.00 ___ $60.00 ___ $90.00 ___ $120.00 ___ $150.00 ___ $180.00 ___ other amount $_____

Please check your payment option: ___ bi-monthly ___ monthly ___ annually

Would you like your partnership gift mailed to the address you listed above? ___ Yes ___ No

If no, please list address you would like your partnership/sponsorship gift mailed to:

Address: _____

City: _____ State: _____ Zip Code: _____

This application may be copied or additional applications may be received by mailing a request to the address listed above, or emailing a request to info@faithiaministries.org.