

# Celebrate Ministries, Inc. Contribution Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Here is my monthly gift of \$ \_\_\_\_\_

Here is my one-time gift of \$ \_\_\_\_\_

Check # \_\_\_\_\_

OR

Please charge my Visa, MasterCard, American Express, or

Discover Card:

# \_\_\_\_\_

Expires \_\_\_\_\_

Would you like Celebrate Ministries to charge this card at  
the beginning of each month?

YES

NO

Please mail to:  
Celebrate Ministries, Inc.  
P.O. Box 93  
Alma, MI 48801  
(989) 466-5574