

CALVARY MISSIONS SUPPORTER RESPONSE BOX

Date _____

Name _____

Address _____

City _____ St _____ Zip _____

Phone (____) _____

CREDIT CARD INFORMATION

MASTERCARD VISA

AMEX DISCOVER

CREDIT CARD NUMBER

_____/_____/_____ \$ _____
 EXPIRATION DATE AMOUNT

SIGNATURE _____

This gift should be in addition to your church tithes.
 Your gifts are income tax deductible.

MISSIONARIES

I will
pray for

I will
financially support:

David Carter: Youth for Christ

Daniel DeJesus: Amazing Love Ministries

Ana Graves: InterVarsity

Gene & Rene Haub: Family Life Ministries

Duane & Wendy Jobe: Japan, Int'l Christian Academy

Pam Holecheck: Germany

Eric & Wendy Eldridge: Mission to Unreached Peoples

Joshua & Mandy Rushing: IHOP

OTHER _____

My commitment for monthly financial support is \$ _____ to _____.

I would like to give a one-time Love Gift to: _____ Amount: \$ _____.

PLEASE MAKE CHECKS PAYABLE TO: CALVARY MISSIONS

**Calvary Missions 7550 Cherry Park Drive Houston, TX 77095
 281.550.4323 www.calvaryhouston.com**