



Echo Ministries needs your support.

::Contact Information::

Last Name _____ First Name _____

E-mail _____

Preferred Phone Number _____

Address _____

City _____ State _____ Zip _____

::Time Commitment::

I would like more information on the following opportunities (check all that apply)

- Concert volunteers (heavy lifters, ticket takers, ushers, merchandise sellers)
- Office Help (data entry, mailings, etc.)
- Promotion (putting posters up, e-mailing friends, calling churches)
- Other _____

::Financial Commitment::

I will commit to financially support Echo Ministries

(please check the appropriate amount).

- \$ _____ one time gift
- \$50 per month
- \$10 per month
- \$250 per month
- \$25 per month
- \$ _____ per month
- \$100 per month

My preferred method of giving is:

- CreditCardNumber _____
CardType _____ ExpirationDate _____
- Check
- Electronic Giving
 - Checking Account
 - Savings Account
- 9-digitRoutingNumber _____
- AccountNumber _____ Signature _____

Please return this card to the address below. All donor information will be kept confidential. You will receive quarterly statements and a year-end statement for tax purposes. Donations must be postmarked by Dec. 31 of the tax year in which you wish to give.