

# Contribution or Pledge Form



**Sunergoi Pastors Assistance**

“Ministering to those who minister.”

## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

## Pledge Information

I (we) donate/pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

form enclosed form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, or other gifts payable to:  
Church Assistance Ministry  
**Memo:** Garcia Ministry

Church Assistance Ministry  
P.O. Box 4051  
Lancaster, CA 93539-4051