

Yes, I Want to Give Hope!

- I wish to become a monthly partner and will pay by credit card.
- My company matches employee donations to approved non-profit organizations.

Title: _____ First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Church Name: _____ Church Town: _____

Donation Information:

Designation: ZOE Ministry, Advance Project 982023, General Board of Global Ministries

Donation Amount: _____ This is a: Monthly Gift One Time Gift

Card Type: Visa Master Card American Express Other: _____

Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Authorization Code (on back of card next to signature area): _ _ _ _ Expiration Month: _____ Year _____

Amount: _____ Submit on the following date(s): _____

Special Notes: _____

- Yes, I would like to receive Prayer Partner emails from ZOE Ministry.
- Yes, I would like to receive general email updates from ZOE Ministry.
- I would like to request a program or speaker about ZOE for an organization.
- Please provide me with materials about ZOE Ministry and the Hope Companions Empowerment Project to share with my family and friends.

Signature: _____ Date: _____

Please mail completed forms to: ZOE Ministry, NC Conference, PO Box 1970, Garner NC 27529.
The charge to your credit card will be processed by the General Board of Global Ministries. If you have any questions, please call us at: 1-800-951-0234.



ZOE Ministry is an Advance Project of both the North Carolina Conference and of the General Board of Global Ministries of The United Methodist Church.

