

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 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 Giving Hope Empowerment Project to share with my family and friends.

Signature: _____ Date: _____

Please mail completed forms to: ZOE Ministry, NC Conference, PO Box 10955, Raleigh NC 27605-0955. 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.

