

Judy Jacobs Partner Program

His Song Ministries

PLEASE RETURN FORM TO: **Judy Jacobs**
His Song Ministries
519 Urbane Road, NE
Cleveland, TN 37312

Thank you for partnering with us. Know that your support is reaching people around the world... Igniting Passion, Empowering Change, Impacting Purpose. Together, we are going to make a difference.

Monthly Gift Amount

25 50 75 100 Other _____

Monthly Debit: Monthly Billing Date: 1st 15th

One Time Gift Amount: Partner Status: \$500 or more \$ _____

IMPORTANT: Your first contribution will be processed within several business days. Beginning next month, donations will be charged on or around the day of the month you selected.

Resource of the Month:

YES: I would like to receive the resource of the month.

Card Type: VISA MASTER CARD DISCOVER AMEX

Card #: _____

Exp Date: ____ / 20 ____

Security Code: _____ (found on back of card)

Name on card: _____

Billing Information: Country: _____

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____ **ZIP:** _____

Phone: (____) _____ - _____

Email: _____

Shipping same as billing? If not, provide Ship To Details:

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____ **ZIP:** _____

Phone: (____) _____ - _____

Email: _____