SUSTAINER GIVING FORM

NewLife Radio is a listener supported radio ministry. As a result, we rely completely on the financial gifts of listeners who enjoy and benefit from **NewLife Radio**. Gifts of any amount are welcome and are tax-deductible. **NewLife Radio** is an outreach of Life Radio Ministries, Inc., a Georgia based ministry.



When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Life Radio Ministries, Inc. All recurring donations will continue until further notice, unless an End Date is entered in the field below. Your information is held securely by our system. This information will remain private and will never be given away to third parties, other than to process your scheduled donations. You can schedule new donations at any time and can modify or cancel those donations at any time prior to the date they are scheduled.

Name(s)					
Address					
City			State	2	
Telephone		_Email			
I'd like to make a D	Oonation	_ Memorial Gift	Hono	r Gift	Anonymous Donation
In Memory/Hone	or of:				
In the amount of:	\$25.00	\$50.00	\$100.00	\$	Other Amount
As a	Monthly Gift		OR	-	One-Time Gift
To be processed on:	5 th of the month	15 ^{t1}	of the month	-	25 th of the month
Start Date:/	(<i>mm/yyyy</i>)	End D	ate (optional):	/	(mm/yyyy)
Please apply my gift to:	NewLife Radio Ministry Business Sponsorship Missions				
	Sharathon Emergency Equipment				
Please transfer my dona	ation from my:				
Checking Accoun	t [Please attach a voide	d check]			
- OR-					
Credit Card Acco					Expiration Date/
suspend my gift any time th		rm at www.NewLife	Radio.com or by cont		and that I may increase, decrease, or Radio Ministries, Inc. by phone or
Signature				Date	
			OR YOUR RECO		
	, or suspend your gift any tir mail. All donations provid				eRadio.com or by contacting Life Radiow.
I'd like to make a		Memorial Gift	Hon	or Gift	Anonymous Donation
In Memory/Ho	nor of:				
In the amount of:	\$25.00	\$50.00	\$100.00	\$	Other Amount
As a Mo	onthly Gift OR		One-Time G	ift	
	5 th of the month	15 th of the month			25 th of the month
Start Date:/		End Date (optional):			
Please apply my gift to:			• • • • • • • • • • • • • • • • • • • •		Missions
	Sharathon	Emer	Emergency Equipment		