SUSTAINER GIVING FORM

Based on Matthew 12:21, our mission is to bring the helpless, hurting and hopeless the HOPE we find in Jesus. Your gift will help us do just that! Thank you for partnering with us, we promise, you are making a difference in the lives of many.

- Feeding Programs
- Women's Ministry
- Men's Ministry
- Leadership Training
- Orphan Intervention/Care
- Hospital Ministry for Nurses & Patients



These are just a few of the opportunities God has given our ministry while also giving you these opportunities to partner with us.

Name(s)					
Address					
City			State	Zip Code _	
Telephone		Email			
☐ If you would like to read additional information		t-In'' check bo	X.	-	
I'd like to make a					
Please process my Monthly (Gift on the: 1 st	5 th	10 th 15 th	20 th	_25 th of the month
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Please apply my gift to:					
General Fund	Child Sponsorsh	ip	Dream Center		_ Mission Trip
Education	Difference Make	er Fund	June 22 Bathroom	Project	_Merchandise Sales
Missionary Sponsor I	_enderman	Missionary Sp	onsor Shearon	Missionary Sp	oonsor Rockey
Comments:					
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Enclosed is a voide	d check for my donation	. Please transf	er my gift from my check	ing account.	
OR					
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I understand my future don decrease, or suspend my gi Through Him Ministries by regulations.	ft at any time through the	online donation	n form at <u>www.hopethrou</u>	<u>ghhim.org</u> or by co	ontacting Hope
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