



One Million Praying

621 Lewis Avenue, Billings, MT 59101 • (703) 771-8734 • www.OneMillionPraying.org

FRIENDS OF ONE MILLION PRAYING
GIVING FORM

Thank you for your interest in supporting the Persecuted Church through One Million Praying. Your gifts help to make a difference in the lives of our persecuted brothers and sisters in Christ. Paul said to the Philippians after they had given a gift to him while he was in prison “They (their gifts) are a fragrant offering, an acceptable sacrifice, pleasing to God. And my God will meet all your needs according to his glorious riches in Christ Jesus.” (Phil 4:18-19)

When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to One Million Praying. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) _____

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For office use only:
Donor ID _____

I'd like to make a ___ Monthly ___ Quarterly ___ Annual ___ One-time donation of \$_____.

Please process my donation on the ___1st OR ___ 5th OR ___ 10th OR ___ 15th OR ___ 20th OR ___ 25th of the month

Please apply my gift to ___ One Million Praying OR ___ Persecuted Church OR ___ Other (please specify in comments)

Comments: _____

I plan to make this donation in the form of _____ Checking Account OR _____ Credit Card   

Credit Card Number _____ Expiration Date ____ / ____

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.OneMillionPraying.org or by contacting One Million Praying by phone or mail. All donations provided to One Million Praying originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records, or you may also request a copy from:

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