

• PO Box 64236, Virginia Beach, VA 23467 • (757) 472-0151 •

CONTACT	Name(s):
	Please Process my Gift: One-Time Weekly Monthly Quarterly Yearly
	Please Process my Gift on the: 1^{st} of the month 5^{th} of the month 10^{th} of the month
NOIT	I 15th of the month 20th of the month 25th of the month Please apply my gift to: \$Covid-19 Hunger Relief Fund \$General Fund
	\$Evangelistic Campaign \$Children's Education Fund \$Bibles
GIFT INFORMATION	\$Church Planting \$Orphanage
INFO	\$Books \$Total Gift
GIFT	Please make this a Donation Memorial Gift Honor Gift Anonymous Donation In Memory/Honor of:
	Please process my first gift on/(mm/dd/yyyy) Comments:
Z	Enclosed is a voided check for my gift. Please transfer my gift from my checking account. OR
NFORMATION	My credit card information is listed below for my gift. Please transfer my gift from my credit card.
	Card Number Expiration Date/ 🚾 🔤
PAYMENT INFO	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 at any time by contacting Prakash Ministries by phone or mail. All donations provided to Prakash Ministries comply with U.S. Law.
	Signature (Required) Date