## **SUSTAINER GIVING FORM**

"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11



If you would like to receive updates on the work at Transitions Mentoring Ministry through our newsletter, mailings,	
emails, and additional information, please select the "Opt-In" check box.	

Telephone								
Telephone								
						State	Zip Code	
		Email						
I'd like to make a:			One-time	Monthly		Quarterly	Annual donation	
In the amount of:		\$25.00	)	_ \$50.00	\$100.00	\$250.	00\$500.00	
	\$_		_Other Amou	unt ( <i>\$5 minimum dona</i>	tion)			
Process on the:		_1 <sup>st</sup>	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>	20 <sup>th</sup>	25 <sup>th</sup> of the month	
To start on:	/	/	( <i>mm/da</i>	Vyyyy)				
Please make this as	:	D	Donation		ft	Honor Gift	Anonymous Donation	
Comments:								
Enclosed is OR My credit c							g account. rom my credit card.	
Credit Card Accou	ınt:						Expiration Date/	
I understand that I n www.transitionsmo to Transitions Ment	ento	ringmin	<mark>istry.org</mark> or ł	by contacting Trans	itions Mento	ring Ministry by p	tion form at hone or mail. All donations provided	
Signature( <i>Required</i> )							Date	

Please make a copy of this form for your records or you can request a copy from: Transitions Mentoring Ministry PO Box 54, Greenwood, IN, 46142 (317) 407-1871 • www.transitionsmentoringministry.org