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*The Women's Resource Center*  
280 Main Street  
Dayton, TN 37321

# MY INVOLVEMENT

*I will support this ministry in the following ways. (Check all that apply)  
(All gifts are tax deductible)*



**My One Time Gift Tonight:** to meet immediate needs.

- \$10,000     \$5,000     \$2,500     \$1,000
- \$750     \$500     \$250     Other \$ \_\_\_\_\_

**My Monthly Pledge:** to sustain the ministry throughout the year.

- \$250     \$100     \$75     \$50     Other \$ \_\_\_\_\_

**More Opportunities:**

- I am considering another gift.     I am considering volunteering, please contact me.
- I will commit to pray for this ministry.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Check included**

**Automatic Monthly Giving:** I want to transfer on the  15th or  30th of the month in the amount of \$ \_\_\_\_\_. This authorization is the same as if I had personally signed a check and will remain in effect until I notify the ministry that I wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

- a donation check     voided blank check     credit card     debit card

**Credit/Debit Card:** MasterCard/Visa/Discover/AmEx (*circle one*)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Sec. Code \_\_\_\_\_