

Yes!

I want to make a difference and partner with REACH Ministries to help children and families affected by HIV/AIDS and other life-threatening illnesses.

Please accept my monthly gift of: \$100 \$50 \$25 \$ _____ Other

I will send a check Monthly (made payable to REACH Ministries)

I want to give through electronic funds transfer.

I authorize my bank to transfer \$___ from my bank account to REACH Ministries monthly Please transfer my monthly gifts on the (*check one*):

5th of every month 20th of every month

Name of Bank: _____

Account Number: _____

Signature: _____

Date: _____

Please bill my Credit Card:

VISA MasterCard

Card Number: _____ Exp. Date: _____

Name as it appears on Card: _____

Signature: _____

Enclosed is my onetime gift of: \$ _____

Please Complete:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please send me more information on:

Northwest REACH Camp

REACH Mentoring

Purdy Prison REACH

REACH