

Partnership Form

Yes! I would like to partner with

\$ per month annually this is a special gift *(please check one)*

Full Name(s)

Address

City State Zip Code

Cell () Home ()

Email Address

Please send me Overland Missions' monthly e-News!

I will be giving by:

Check
Please make checks payable to Overland Missions. Do not write a staff name on the check.

Bill Pay
I will use the Bill Pay option in my bank's online banking system to set up my giving.

Automatic Bank Withdrawal
Please send a voided check and select account type:
 Checking Savings Business Checking

Prefer to give online? You can set up your financial partnership by going to www.overlandmissions.com/donate.

Visa **MasterCard** **American Express** **Discover**

Name on Card

Credit Card #

Expiration Date -

Please check here if the billing address is the same as above: If not, please fill out the billing address below:

Address

City State Zip Code

Start Date - -

Authorizing Signature

Today's Date - -

Welcome to the team!

For office use only
Staff Number:

Thank you for your contribution to the work of Overland Missions. While we make every effort to apply your contribution to an indicated preference, if any, Overland Missions has the discretion and control over the use of donated funds. We thank God for you and appreciate your support.