

Global Partners



Shawn & Tammy Turner
Israel &
Palestinian Territories

Enrollee Name *(please print)* _____

Mailing Address _____

City _____ State/Province _____ Postal Code _____

Phone _____ Email _____

If enrolled is a church, signature of pastor _____

If enrolled is an individual, signature of individual _____

It is understood that this pledge of support will continue as long as this representative remains under appointment or until we instruct otherwise.

This is an increase of an existing pledge:
Increase pledge amount from \$ _____ to \$ _____
Per month effective ____/____ (mm/yyyy).

This is a new pledge
effective ____/____
(mm/yyyy).

(\$50 suggested)

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$75 | <input type="checkbox"/> \$200 |
| <input type="checkbox"/> \$ _____ | |

--- FOR OFFICE USE ONLY ---



globalpartners

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