

YES, WALLY & JAN! I WOULD LIKE TO PARTNER WITH



(check all that apply)

2/15

__ I would like to partner monthly in the amount of \$_____ per month.

__ I would like to make a one-time gift of \$_____ to help "set the captives free" around the world.

__ I would like to sponsor _____ (# of children) through the CHILD DEVELOPMENT EMBASSY.

Select sponsorship or giving option

__ \$30.00 per month for each child. (Additional monthly may be added for funds named below)

__ \$335.00 single payment for each child. Covers one year and includes school fees.(savings \$25.00 over monthly payments)

__ \$_____ gift for medical/nutrition fund. __ \$_____ gift for public school fees(\$20 a trimester) to be used for un-sponsored children

__ \$_____ gift to help fund the operation of the CHILD DEVELOPMENT EMBASSY.

CHOOSE FROM ONE OF THE PAYMENT METHODS

__ Check enclosed. (Checks payable to Wally Ninneman Ministries, PO Box 1204 - Whitney, Texas 76692-(For Full Year Sponsorship Only) Monthly must be auto-deduction(credit card, checking or savings account)

__ Charge my credit card one time only.

__ Charge my credit card on the ___ of each month in the amount of \$_____ until I inform you otherwise.

__ Charge my checking/savings account one time only.

__ Charge my checking/savings account on the ___ of each month in the amount of \$_____ until I inform you otherwise.

NAME:_____ E Mail:_____

ADDRESS:_____ City:_____

STATE:_____ ZIP:_____ TELEPHONE:_____

CREDIT CARD NUMBER_____ EXP:_____

CIRCLE ONE: Master Card or Visa CVC:_____ (3 numbers on back)

CHECKING OR SAVINGS ACCOUNT NUMBER:_____

NAME OF BANK:_____ BANK ROUTING NUMBER_____

SIGNATURE:_____ DATE_____