

# MINISTRY MENTORS

P. O. BOX 2697 • GLENVIEW, IL 60025-2697

## SUSTAINERS CIRCLE GIVING PROGRAM

**I/We would like to join Ministry Mentors' Sustainers Circle giving program**

In the amount of \$ \_\_\_\_\_

monthly     quarterly

I will mail my monthly/quarterly check     Charge my credit card

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Name (as it appears on your card, please print) \_\_\_\_\_

Credit Card:  Visa     Master Card     Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Please print this form and mail to:

Ministry Mentors  
P. O. Box 2697  
Glenview, IL 60025-2697

Questions?

Email [pam@ministrymentors.org](mailto:pam@ministrymentors.org) or call Pam, the national administrator, at 847-525-0606

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