

Please Complete:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Mail Form To:

Spirit of Life Christian Ministries, Inc.
423 N. La Brea Ave.
Inglewood, CA. 90302

Fill out this portion if you are giving by Credit Card:

_____ **VISA**

_____ **MasterCard**

_____ **American Express**

_____ **Discover**

Gift Amount: \$ _____

Credit Card Number: _____

Expiration Date: _____

Name on Credit Card: _____

Signature: _____

Telephone Number: _____

Please check one:

_____ I would like my gift to be deducted from my card each month.

_____ This is my gift for this month only.

Complete this portion only if you would like to give a Monthly Gift by Automated Checking Account Debit:

Gift Amount(\$): _____

ABA Transit Routing Number (below):

Checking Account Number (below):

Please sign on the line below:

Telephone Number:
