

I WANT TO HELP GAME & SOZO REACH YOUNG PEOPLE WITH THE LIFE CHANGING MESSAGE OF JESUS!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

*EFT available on a monthly basis: 2nd __ or 16th __ of each month

Acct # _____

Routing # _____

OR voided check

One time credit card donation _____ Monthly credit card donation _____

Card # _____ CVC # _____

Valid Thru _____ Signature _____

*Enclosed is my monthly gift (cash or check):

\$50: _____ \$100: _____

Other Amount: _____

*Enclosed is my one time gift of _____:

Full address required (above) to process all credit card donations

Great Adventure Ministries is a recognized 501(c)(3) nonprofit organization. All giving, offerings, tithes, etc. are carefully accounted for and you will be mailed an official Statement of Giving to be submitted with Federal and State tax agencies.