

Support Card:

I/we would like to support the following Ministry or Missionary: _____

- | | |
|---|---|
| <input type="checkbox"/> Will contribute \$ _____ monthly to your support. | <input type="checkbox"/> Will commit to pray consistently. |
| <input type="checkbox"/> Will contribute \$ _____ as a special gift. | <input type="checkbox"/> Would like to receive your prayer letter. |
| <input type="checkbox"/> Would like to talk with you about your financial and ministry needs. | <input type="checkbox"/> Would like to talk with you about your ministry. |
| <input type="checkbox"/> Would like to receive information about Direct Support (Electronic Fund Transfer). | |

Mr. Mrs. Miss Ms. Rev. Dr. Last Name _____ First Names _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Church: _____



Please make checks payable to: Reciprocal Ministries International Inc. (RMI)
5475 Lee Street, Suite # 301
Lehigh Acres, FL 33971

