

BE ENCOURAGED BY THE FAITH OF
PERSECUTED CHRISTIANS

 I WOULD LIKE TO SUPPORT
PROJECTS

Name: _____

Surname: _____

Email Address: _____

Contact Number: _____

Town of Residence: _____

I would like to receive the following in
Afrikaans English

Encouraging Encounters

Prayer alerts during ministry travel trips

Ministry travel information

Card-making guidelines

MY DONATION

Where needed most

Equip (Discipleship and Bibles)

Establish (SED & Special Projects)

I WANT TO MAKE A MONTHLY DONATION TO THERE4

MINISTRIES IN THE FORM OF A DEBIT ORDER

*If you do not have your banking details at hand, please sign this
authorization form and we will contact you.*

Account Holder: _____

Bank: _____ Branch: _____

Branch Code: _____

Type of Account:

Cheque Savings Transmission

Account Number: _____

Monthly Amount:

In Words: _____

Date on which account should be debited:

1st 17th

Effective from (date): _____

Authorized signature _____

Signed at: _____ Date: _____