



Financial Contribution Form

Please fill out the following information to make a one-time or regularly monthly contribution to Inverse Ministries, Inc. Then, e-mail this form as an attachment to reconcile@inverseministries.org or mail it to 1648 Taylor Rd. #607, Port Orange, FL 32128. Checks may be made payable to Inverse Ministries. Or, contributions can also be made by Visa or MasterCard (see below).

I, _____ (full name) would like to make a financial contribution to Inverse Ministries, Inc. Check the appropriate spaces:

___ This contribution is a *one time* donation in the amount of _____

___ This contribution is a *regular monthly donation* in the amount of :
___ Other ___ \$100 ___ \$50 ___ \$25 ___ \$10

Check the appropriate space below for contributions to be charged on your credit card:
___ Visa ___ MasterCard

Credit Card Number:
____ - ____ - ____ - ____

Credit care expiration date: _____ (month/year)
Full name as it appears on credit card: _____

If you would like to make a monthly contribution, please indicate the month/day/year you would like the *first* charge to be made _____. Also, indicate the *day each month* that subsequent charges should be made _____.

I hereby authorize Inverse Ministries to charge the above-listed amount to my credit card. For monthly contributors, I understand that I reserve the right to cancel or modify my monthly support at any time by written request to Inverse Ministries at least 30 days prior to the effective date.

Printed name

Signature/Date

Address

City, State, Zip Code

Phone Number

E-mail Address