



Printable Donation Form

MAIL COMPLETED FORM TO: PO Box 1895, Goldsboro, NC 27533-1895

Donation Amount: \$ _____ MONTHLY ONE-TIME

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Do You Currently Receive PathPointe Magazine? _____

Donate By Check: Mail check and this form to Pathway Ministries, PO Box 1895, Goldsboro, NC 27533-1895

Donate By Credit Card: (Type of Card) AMEX DISCOVER MASTER CARD VISA

Please Charge My Credit Card With My Contribution Of \$ _____

Please Carefully Print Card Number: _____

Expiration Date: _____ CVC _____

Print Your Name As It Appears On The Card: _____

Authorizing Signature; _____

Date: _____

Any Personal Message Or Prayer Request You Would Like To Share?