



General Information

First Name:	Last Name:	
Street Address:		
City:	State:	ZIP Code:
Email:		

Contribution Information

One time gift of:
 \$100.00, \$200.00, \$300.00, \$500.00, \$1,000.00, \$2,500.00, \$5,000.00, Other: \$

Monthly gift: I would like to give on a monthly basis:
 \$25.00, \$35.00, \$50.00, \$100.00, \$250.00, \$500.00, Other:

My check is enclosed in the amount of: \$ _____

Please charge my credit card in the amount of: \$ _____ Visa, MasterCard, Discover, Other:
 # _____ Expires: ____ / ____

Name on card: _____ Security/CVV code (back of card): _____

Signature: _____

Legacy In Action Ministries, 108 Aria Ridge, Austin, TX 78738



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