Give Back to Your Community

Name:_____

Business Name (if applicable):_____

Address:_____

City:_____State:_____Zip Code:_____

Telephone:_____

Amount Enclosed:_____

[ ] Visa [ ] MasterCard

Credit Card Number:_____

Expiration Date: _____/_____ Amount:_____

3-digit Security Code from back of card:_____

This is to be a (check one):
[ ] monthly donation
[ ] quarterly donation
[ ] one time gift

If paying by check, please make payable to The John 3:16 Center and mail to: Post Office Box 1541 Littleton, NC 27850.

My contribution is made __In honor of __In memory of

Name:_____

On the occasion of:_____

Please send acknowledgement of my gift to:

Name:_____

Address:_____

City:_____State:_____Zip Code:_____