



EMMANUEL MINISTRIES

JUAREZ, MEXICO

Recurring Donation to Emmanuel Ministries

Credit (or Debit) Card Information:

CC Number: _____

Expiration Date: _____

Donor Information (this information needs to be tied to the card above):

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Other Important Information:

Email Address: _____

Monthly Amount to Donate: _____ Day of the Month for Payment: _____
(\$30, \$50, \$100, etc) (1 through 30)

Check the area(s) you would like your monthly donation to cover:

Sponsor a Child at Emmanuel Children's Home: _____

Sponsor a Dancer at Emmanuel Ballet Academy: _____

Sponsor a Class at Isaac Newton Academy: _____

Cor Ignis Contemporary Dance Company: _____

General Donation to our Overall Ministry: _____

Other (please explain): _____