



INTERCESSORY PRAYER MINISTRY INTERNATIONAL



One Time and Recurring Donor Enrollment Form

Thank you for supporting our mission of facilitating united prayer and fasting for revival among Christians, churches and other Christian organizations, in support world evangelization and the healing and spiritual transformation of families, communities, cities and nations.

As a partner, your ongoing financial support will go a far way in helping IPMI in advancing this global mission. Your donation to IPMI will be used where needed most.

I Allow Intercessory Prayer Ministry International (IPMI) to contact me! By responding to this online offer or program, I agree to receive periodic updates and opportunities to get involved with IPMI. I understand that I will receive the opportunity to opt-out of IPMI's email communications.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

Select a giving level:

MONTHLY: ___ \$20 / month ___ \$50 / month ___ \$100 / month \$ ___ Other monthly amount

ANNUALLY: ___ \$300 / year ___ \$600 / year ___ \$1,200 / year \$ ___ Other annual amount

ONE TIME GIFT: ___ \$1,000 \$ ___ Other One Time Gift

Please process my donation on the ___ 1st of the month **OR** ___ 15th of the month **OR** ___ 25th of the month

OPTION 1: _____ I plan to make this donation from my checking account and have provided a voided check.

OR

OPTION 2: _____ I plan to make this donation from my Credit Card.



Credit Card Number _____ Expiration Date ____ / ____

___ **Yes! I wish 100% of my donation amount to go to Intercessory Prayer Ministry International (IPMI). I would like to pay the processing fee associated with my donation.**

\$ _____ **Processing Fee Amount (3% amount for Credit Card donations or \$0.25 amount Checking Account donations)**

\$ _____ **Total Donation Amount (required)**
(Donation Amount specified above + Processing Fee Amount)

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my account. I understand that all donations are solicited with the understanding that the organization has complete control over the use of all donated funds and that my donations will be used by the organization where most needed. My future donations will be transferred directly from my account as stipulated above. I also understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.intercessoryprayerministry.org or by contacting Intercessory Prayer Ministry International by phone or mail. All donations provided to Intercessory Prayer Ministry International comply with U.S. Law.



Signature _____ **Date** _____
(Required)

Please make a copy to keep for your records, or you may request one from:

**Intercessory Prayer Ministry International • PO Box 360-356 • Brooklyn, NY 11236
(718) 241-2162 • www.intercessoryprayerministry.org**