



**Equipping With Truth Sponsorship Form**

*Please complete this form and forward it to us with your first payment.*

**Equipping with Truth Ministries  
119 W. Broad St.  
Statesville, NC 28625**

Yes, I would like to support the mission of Equipping with Truth Ministries.

**I'd like to give a monthly amount of:**

- \_\_\_\_\_ \$10.00
- \_\_\_\_\_ \$50.00
- \_\_\_\_\_ \$100.00
- \_\_\_\_\_ \$250.00
- \_\_\_\_\_ \$ \_\_\_\_\_

**Method of Payment**

- \_\_\_\_\_ I would like to arrange an automatic bank withdrawal.
- \_\_\_\_\_ I would like to pay by check

- Monthly \_\_\_\_\_
- Quarterly \_\_\_\_\_
- Annually \_\_\_\_\_

**Personal Information**

Your Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Your Email: \_\_\_\_\_

Your Telephone: \_\_\_\_\_

*Thank you for helping precious lives!*