

**YES! I want to follow the Lord's leading and give of my resources to help Evangel Prison Ministries reach prison and jail inmates with the Gospel!**

**My information:**

(This information MUST be filled out in order to receive proper credit for your donation).

Name \_\_\_\_\_ Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime phone # ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Pledge Amount per month: \$ \_\_\_\_\_ One Time Gift enclosed \$ \_\_\_\_\_

**Credit Card Information:**

Total to be billed from credit card \$ \_\_\_\_\_

OR – I authorize EPM to charge my credit card  Monthly  Quarterly  Annually as a seed to the ministry. This charge will be made on the \_\_\_\_ day of the month.

Master Card  Visa  American Express  Discover Card

Name on card: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

**For credit card donations, you may FAX the page to: 502-400-4289**

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**Matching Gift:** Increase your gift! Many companies offer matching gift programs. Please check and see if your employer has this option!

*All contributions are tax deductible and you will promptly receive a tax receipt by mail.*

*Please make checks or money orders payable to:*

**EVANGEL PRISON MINISTRIES  
PO Box 19229  
Louisville, KY 40259**



If any questions, phone us at: **(502) 964-3304, ext. 1227**