

Yes, I want to help share the message of Christ's salvation.

To mail in payment, please fill out the following information and mail to:

The Confessing Movement
7995 East 21st Street
Indianapolis, Indiana 46219

Enclosed is my gift of: \$_____ or (circle one) \$1000 \$500 \$100 \$60 \$30

Make checks payable to:

The Confessing Movement, 7995 E 21st St, Indianapolis, IN 46219

Please charge my credit card (circle one): Visa MasterCard Discover American Express

Card number: _____ Expiration Date: ____ / ____

Signature: _____

Contributions are tax-deductible as charitable gifts to the extent allowable by law.

Please indicate if you want to recognize someone in a (circle one): Tribute Memorial

Each Memorial or Tribute gift is acknowledged with a certificate sent according to your wishes.

Gift amounts are confidential. If you wish, indicate below to whom we should send an acknowledgement.

Name of person being honored:

Name of person to receive certificate:

Address:

City _____ State _____ Zip Code _____

If you would like to receive regular email updates, please include your email address:
