

GIFT INFORMATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

AMOUNT ENCLOSED:

\$500 \$250 \$100 \$50 \$25 \$ _____

MONTHLY GIVING:

Please accept my monthly gift of \$ _____

Please send envelopes for future gifts.

I would like to receive your e-newsletter.

E-mail Address: _____

Please send information on volunteer opportunities.

Please send information on the Adopt-A-Student program.

PLEASE MAIL THIS FORM, ALONG WITH YOUR GIFT, TO:

Goal Line Ministries, Inc., P.O. Box 1202, Thomasville, GA 31799-1202



Goal Line Ministries, Inc.
P.O. Box 1202
Thomasville, GA 31799-1202
(229) 224-7765
www.goallineministries.org