

The Wesleyan Church of Brazil National Church Funds Information

Individual Donor

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

Church: _____

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Church/District Support

Church/District Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

District: _____ Contact/Pastor: _____

Form Completed by: _____ Title: _____

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National Church of Brazil Share/Prayer Partner

____ Yes, I will pray for the National Church of Brazil

____ Yes, with God, I am making a: One Time Gift Monthly Pledge

(Please circle one) Quarterly Pledge Annual Pledge

for support of: _____ (# of shares, 1 Share = \$500.00) or other amount: _____

My support is for _____ year(s) beginning on _____ (date)

.....
Clearly mark all funds by indicating Account # WM05-0160-Brazil
.....

Signature: _____ Date: _____

Please keep a copy for your records and mail a copy to:
Wesleyan World Missions, National Church of Brazil Fund, PO Box 50434, Indianapolis, IN 46250