



CONTRIBUTION FORM

Date _____

Name (First, Middle Initial, Last) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone No. _____

Home Church _____ City _____

Please check this box if you do not want to be added to the **t2i** updates list.

I would like to make a **monthly** tax-deductible contribution of (please check the amount):

\$50 _____

\$100 _____

\$250 _____

Other (please specify amount) _____

I would like to make a **one-time** tax-deductible contribution of:

One-time (please specify amount) _____

Method of contribution (please circle one)

1. Online banking donation (please call)

2. Credit Card

MasterCard () Visa ()

Name on card _____

Card Number _____

Exp date (mo/yr) _____ / _____

Signature _____

3. Paypal (goto www.t2i.org/support)

Specify contribution start date _____

Thank you for supporting T2i. May you bountifully reap blessings according to what you have sown (2 Cor. 9:6-7).