

CLOWNS OF FAITH MINISTRIES

Faith Promise Form

We promise to invest each month as the Lord enables us \$_____ for the support of Clowns of Faith Ministries, and its outreach to share the Love of Christ through laughter.

DONOR INFORMATION

Select One:

MONTHLY \$_____

ONE TIME GIFT \$25, \$50, \$100, \$500, \$1000, Other \$_____

Donor Name (please print)_____

Street Address_____

City_____ State_____ Zip Code_____

Home Phone ()_____ Cell Phone_____

Email_____ Check the box to sign up for our newsletter

Additional Information: Clowns of Faith Ministries requires enough Faith Promises to cover our operating expenses. Your Faith promise allows us to provide at no cost professional Christian family entertainment, to Nursing facilities, daycares, schools and special needs children organizations. Your Faith Promise further allows us to take the Gospel of Christ around the world in the form of several mission trips a year.

Make Checks Payable and Mail to:

Clowns of Faith Ministries Inc.

1406 NW Persimmon Dr.

Grain Valley, MO. 64029

PAY BY CARD

Visa _____

MasterCard _____

Name On Card (If Different)

Expiration date ____ ____ **CVV#** ____

Clowns of Faith Ministries Inc is a 501(c)3 nonprofit organization, Federal Tax ID# 61-1530854