



PARTNER GIVING FORM

Thank you for accepting our invitation to become a "Purpose Partner" through your prayers and financial support. *Please print and fill out the appropriate information*

Name: _____

Address: _____

Email: _____

Phone: _____

_____ Yes, I want to partner with Purpose Life Christian Fellowship (PLCF)

_____ I plan to support PLCF at the following level on a **monthly** basis:

\$30

\$50

\$75

\$_____ Other Amount

I am unable to give on a monthly basis but would like to bless Purpose Life Christian Fellowship with a one-time seed offering of \$_____

All donations are tax deductible

Make checks payable to: **Purpose Life Christian Fellowship**

Please mail your check and form to: **Purpose Life Christian Fellowship
P.O. Box 1267
Destrehan, LA 70047**

Thank you in advance for your generous contribution!