

MIGDAL PARTNERSHIP



- ☐ **Yes, I want to become a Monthly Migdal Partner.** I believe my monthly seed will help the Migdal development project to do as the Lord leads and directs.
web: www.billyebrim.org; phone: (417) 336-4877

Name _____
Address _____
City _____ State _____
Zip _____ Email _____
Phone _____

- ☐ I am a new monthly partner, and enclosed is my first monthly gift of \$ _____.
☐ I am not committing to be a monthly partner at this time, but enclosed is a very special gift of \$ _____.

Card # _____ CID Code: _____
(3 digit code)
Exp. Date: _____ Signature: _____