

# INTERLINK MINISTRIES INC

PO BOX 460, APPLE CREEK, OH 44606 – PHONE (330) 698-5465

**Please Return With Next Contribution**

DEPOSIT DATE:

Name \_\_\_\_\_

Address \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

- Check if new address
- Please send me info about direct deposit

Make checks payable to INTERLINK MINISTRIES

**If you would like to make your donation via**



Print name (as it appears on card) and address above

For the support of:

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

Card Number

Exp Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

# INTERLINK MINISTRIES INC

PO BOX 460, APPLE CREEK, OH 44606 – PHONE (330) 698-5465

**Please Return With Next Contribution**

DEPOSIT DATE:

Name \_\_\_\_\_

Address \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

- Check if new address
- Please send me info about direct deposit

Make checks payable to INTERLINK MINISTRIES

**If you would like to make your donation via**



Print name (as it appears on card) and address above

For the support of:

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

Card Number

Exp Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

# INTERLINK MINISTRIES INC

PO BOX 460, APPLE CREEK, OH 44606 – PHONE (330) 698-5465

**Please Return With Next Contribution**

DEPOSIT DATE:

Name \_\_\_\_\_

Address \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

- Check if new address
- Please send me info about direct deposit

Make checks payable to INTERLINK MINISTRIES

**If you would like to make your donation via**



Print name (as it appears on card) and address above

For the support of:

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

Card Number

Exp Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_