

I-Reach Ministry

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Monthly Amount: \$ _____

I-Reach Ministry can automatically charge your account the monthly amount above. We will also send periodic updates of the ministry area where your donation is being used.

MC/Visa Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____ .

We are working on a direct withdrawal program, which may be in place soon. If you prefer to mail a check it may be sent to the address below.

Comments _____

WHEN WE FEED THEM MANY COME TO KNOW CHRIST AS THEIR SAVIOR. STILL MORE COME TO CHRIST WHEN WE ARE NOT THERE. NEIGHBORS AND PARENTS ASK WHY ARE THESE PEOPLE FEEDING YOU? WHO ARE THEY? CHRISTIANS IN THE FEEDING PROGRAM TELL THE STORY AND LEAD THEM TO CHRIST.

_____ 7204 Hwy 218 E Marshville NC 28103 _____