

WENDY MITCHELL MINISTRIES, INC.



2 Corinthians 6:1-3

PARTNERSHIP FORM

NAME _____ DATE _____

ADDRESS _____

EMAIL ADDRESS _____ CELLPHONE _____ FAX _____

MONTHLY CONTRIBUTION \$ _____ /OPTIONAL: CHOOSE PARTNERSHIP LEVEL (SEE BELOW)

Partnership Level _____ Note: If you choose a Partnership Level, would you please consider giving at that level consistently on a monthly basis? Thank you in advance!

PARTNERSHIP LEVELS

LEVEL 1: RISING STAR: \$1-299/YEAR

LEVEL 2: STEADY ROLLER: \$300-499/YEAR

LEVEL 3: EMERGING BEAR: \$500-999/YEAR LEVEL 4: LION OF JUDAH: \$1000/YR.

LEVEL 5: INFINITY: \$1001 OR MORE/YR.

Your Signature

Date

DONATION OPTIONS:

1. You may pay your contributions online at www.wendymitchellministriesinc.net
2. Via Mail: Download and complete this Partnership Form and mail to WMMI, P.O. Box 337, Triangle, Virginia 22172
3. Via Fax: Download, complete and fax the Partnership Form and submit credit card information below to 571-659-9975:

Name on Card _____

Credit Card Number _____

Expiration Date _____ CVV Code _____ (See back of your credit card)

Partnership Agreement: I agree to partner with WMMI to advance God's Kingdom, His mission, vision and purpose as mandated by God upon WMMI! I understand that I can change my obligation, commitment and or level at any time.



Thank you for sowing into good ground!

WMMI PARTNERSHIP MINISTRY