

Credit Card Information
Visa or M/C ONLY

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☐

Full Name (as it appears on Credit Card): _____ ☐

☐

Address: _____ ☐

☐

City, State, Zip: _____ ☐

☐

Phone: _____ ☐

☐

Credit Card #: _____ ☐

☐

Expiration Date: _____ ☐

☐

Signature: _____\$ Amount: _____ ☐

☐

Description: **Soul Ministries/Ray Sullivan / Acct #2672-740** ☐

☐

Mail To: Northern CA/Nev. Assemblies of God District 6051 S. Watt Ave. ☐

Sacramento, CA 95829 (916) 379-9600 ☐

☐

Or scan and e-mail to Ray@ServingSouls.com for faster processing. ☐

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☐

This is a one-time donation unless you wish to do a monthly recurring charge on your credit card by circling Yes ☐

☐

Please deduct the above designated amount on the 10th of every month Yes ☐

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