



# COUNT ME IN! I WANT TO PARTNER WITH WMMI!

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Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

## VOLUNTARY FINANCIAL COMMITMENT

I would like to partner with WMMI to make a positive impact in the lives of individuals, families, communities and the world. I voluntarily commit to \$ \_\_\_\_\_ per month and understand that I can cancel my voluntary financial commitment at any time.

Note: You may contribute any monthly amount you so desire. Our Partnership Levels are identified on the previous page. Furthermore, we strongly encourage you to seek the LORD regarding the amount that you should give to support the work of the ministry of WMMI.

Please note that your financial gifts are tax-deductible and are considered to be offerings/contributions/donations; we believe that your tithes should go to your local church. .

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Partner's Signature

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Date

