



DEFENDER MINISTRY INC

Contribution Form

CONTRIBUTOR INFORMATION

Full Name / Business Name: _____

Address: _____ City: _____

State: _____ County: _____ Zip Code: _____

Phone Number: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

DONATION

A one-time donation, in the amount of:

\$1,000 \$500 \$250 \$100 \$75 \$50 \$25 Other: _____

METHOD OF PAYMENT

Check enclosed, Please make checks payable to "Defender Ministry Inc"

To pay with Credit/Debit, please provide your email address and we will invoice you with your donation amount.

Email: _____

NOTES

- Defender Ministry Inc is a nonprofit organization currently in the 501(c)(3) application process. Please consult your accountant or tax professional for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit www.DefenderMinistryInc.com