



# Treasured Ministries

PLEASE FILL OUT THIS FORM AND MAIL IT WITH YOUR CHECK.

TREASURED MINISTRIES  
1105 CLASSIC ROAD  
APEX, NC 27539

AMOUNT:

\_\_\_ \$25    \_\_\_ \$50    \_\_\_ \$100    \_\_\_ \$500    \_\_\_ \$1,000    OTHER \$ \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2 (APT, SUITE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BIRTHDAY (YEAR IS OPTIONAL): \_\_\_\_\_