

- **Life Membership, Memorial, Love Gift or Partner in Ministry Submission Form Instructions**

Please allow 30 days for certificate to be completed.

- Complete the form entirely

Send this document, along with a **check payable to ARP Women's Ministries**

Mail check and form to: Judy Kovacs

503 Tall Ship Drive #301

Salem, SC 29676

864-719-0335

Jude.k@charter.net

- Write the type of gift(s) in the memo section of your check Categories:

\$30.00	Love Gift
\$30.00	Memorial
\$75.00	Life Membership
\$100.00	Partner in Ministry

Send this portion along with the check Date_____

Presbyterial:_____ Church_____

Recipient:

Presentation: Love Gift Memorial Life Membership Partner in Ministry
(Circle one)

Given by

Mail Certificate and Pin (where applicable) to:

Date needed

Signature

Phone number

Email

Form revised September, 2016