

Coffee House Ministry Partnership Form

Welcome to our partnership program and thank you for your interest in Coffee House Ministry. If you would like to become a partner and sponsor of this ministry, please fill in your information below.

After your form is processed, an acknowledgement letter and coffee house material will be sent to you.

Your partnership and participation in this vital program is instrumental in taking the Gospel to the ends of the earth.

PARTNERSHIP CHOICE #1

Enroll me now or continue my membership in the Mug Program

For each one year commitment of \$5 per month, a total of \$60 per year, you receive one reminder mug. Choose one or more and enjoy your special mug (s) today. Your mug (s) will help you to remember to pray for Coffee House Ministry.

I want to commit:

Please check one of the following:

\$5 a month for one year.
Please send one reminder mug.

\$10 a month for one year.
Please send two reminder mugs.

\$15 a month for one year.
Please send three reminder mugs.

\$20 a month for one year.
Please send four reminder mugs.

\$25 a month for one year.
Please send five reminder mugs.

\$30 a month for one year.
Please send six reminder mugs.

Other _____

Please indicate which mug (s) you would like to receive:

Love

Joy

Peace

Goodness

Kindness

Longsuffering

Contact Name: _____

Address: _____

City/State/Zip: _____

Church _____

Conference _____

E-mail Address _____

Day Phone _____

PARTNERSHIP CHOICE #2

I want to be a Partner and Sponsor of Coffee House Ministry for \$_____ per month, \$_____ per year or a Special Gift of \$_____. **(ENROLL ME OR MY CHURCH IN THE MUG PROGRAM)** Yes No

Contact Name: _____

Address: _____

City/State/Zip: _____

Church _____

Conference _____

E-mail Address _____

Day Phone _____

Comments: _____

PARTNERSHIP CHOICE #3

I (We) want to be a Partner and Sponsor of Coffee House Ministry. I (We) underwrite one year (12 months) support for Existing Coffee House New Coffee House Project. Please contact the Coffee House Director for location and project cost _____.

(ENROLL ME OR MY CHURCH IN THE MUG PROGRAM) Yes No Individual Group or Class Church Conference

Contact Name: _____

Address: _____

City/State/Zip: _____

Church _____

Conference _____

E-mail Address _____

Day Phone _____

Comments: _____
