



Roi House of Prayer

Intercessory Missionary: _____

Donor Information (please print or type)

Name	
Address	
City	
State & Zip Code	
Telephone (home)	
Telephone (cell)	
E-Mail	
Birthday	

Pledge Information

I (we) pledge a total of \$_____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card* ___ other.

Specify "Other": _____

I (we) would like addressed envelopes to mail in the pledge: ___ yes ___ no

*Credit Card Payments for RHOP donations should be made at: www.roihop.org. Information & instructions are on the site under "partnership". Please do not write the recipient name on the payment, simply enclose a note specifying who is to receive the gift. Thanks!

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Signature(s)	
Date	

Please make checks or other gifts payable to:

**Roi House of Prayer
PO Box 12272
Odgen UT 84412**

Communications

I (we) would like to speak with Connie further regarding: ___ RHOP ___ VOH ___ Partnership ___ Other

I (we) would like her to: ___ Call ___ Visit us personally ___ E-mail ___ Other

I (we) would like to receive your monthly email update newsletter: ___ yes ___ no