

LIFE MEMBERSHIP, MEMORIAL, LOVE GIFT OR
PARTNER IN MINISTRY
SUBMISSION FORM

Please allow 30 days for certificate to be completed. Complete the form entirely.

Send this form, along with a check payable to ARP Women's Ministries, to:
Brandy Glaser, 1400 Highway 161 North, Clover, SC 29710

Write the type of gift in the memo section of your check.

- \$ 30. Love Gift (a certificate suitable for presentation)
- \$ 30. Memorial (a certificate suitable for presentation to family)
- \$ 75. Life Membership (a certificate and pin)
- \$100. Partner (a certificate and pin)

Certification Information:

Presbyterial and Church: _____

Recipient: _____

Type of Gift (circle one) Love Gift. Memorial. Life Membership. Partner in Ministry

Given by: _____

Mail certificate (and pin, when applicable) to:

Date needed _____.

Signature _____

Your phone number _____ Your email _____