



Ministry Partner Pledge Form



Michael Van Oostveen

Name _____
Address _____
City _____ Prov _____ Zip _____
Email _____
Phone (____) _____

**** I/We will pray. Please send me prayer requests and updates***

**** Yes, I/We will support Michael with a monthly gift of***

\$10 ___ \$25.00 ___ \$50 ___ \$75 ___ \$100 ___ \$150 ___ Other \$ ___

I will support Michael with a one-time gift of \$ _____

Comments: _____

Please send THIS Pledge Form and cheques to:

**The Arms of Jesus Children's Mission
PO Box 10, Pickering, Ontario L1V 2R2**

Your contributions to The Arms of Jesus Children's Mission are tax deductible.
Please make payments to: **The Arms of Jesus Children's Mission.**

Memo: Michael Van Oostveen

Thank you for your partnership!