

Donor Information:

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Amount \$ _____ One-Time Donation Monthly Donation

Cash

Check (Payable to "Hosanna Ministry")

Credit Card

Name on card _____

Card Number _____ Expiration (MM/YYYY) ____ / ____

CVV _____ ZIP _____

Thank you for your generosity. May God bless.