

RESTORE MINISTRIES INC.  
**Monthly Electronic Credit Card Transfer Application**



<i>(Name as it appears on credit card:)</i>	PLEASE PRINT
First:	
Middle:	
Last:	
Billing Address:	
Address line 2	
City, State, Zip	
Country	USA
Credit Card Number:	
Expiration Date (MM/YYYY)	
Verification Number	
<i>(Found on the back of credit card)</i>	

Credit Card Deductions:	
Monthly Contribution Amount	
Monthly withdraw date per month	

Signature	
Date	

**Please Print two copies one for us and one for your recorders**

Please mail to:

**Restore Ministries**  
**PO Box 29**  
**Elizabeth, NJ 07207**

**(Visa And Master Card Only)**

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