

# HOLLY NOE MINISTRIES

## PARTNER FORM

Please print & return to:  
PO Box 596 Howell, NJ 07731  
Tel. 732-252-8502 [Email-PastorHN@aol.com](mailto:Email-PastorHN@aol.com)

Thank you for partnering with us to fan the flame of revival!  
We pledge to be good stewards of everything the Lord puts into our hands.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I promise, as the Lord provides, to give monthly support in the amount of:

\_\_\_\_\_

\$25      \$50      \$100      \$Other

Or a one-time donation in the amount of: \_\_\_\_\_

CASH \_\_\_\_ CHECK \_\_\_\_ MONEY ORDER \_\_\_\_ VISA/MC \_\_\_\_

Credit Card Information (Visa & Mastercard only, please):

Name as it appears on card:

Billing address for card:

Card #

Expiration Date:

CID # (three or four digit code printed on back of card, near signature)

I hereby authorize Holly Noe Ministries to debit my card in the amount of \_\_\_\_\_  
(circle one) monthly (or) one time only.

Signature \_\_\_\_\_ Date \_\_\_\_\_