

Little Lambs Ministry Pledge Card

Name of card holder _____

Billing address of card _____ (street) _____

Phone # (_____) _____ — _____ Designation _____

I want to support Little Lambs ministry monthly:

\$25 \$35 \$50 \$75 \$100 \$250 Other _____ **One time Donation** _____

***Card Type** Visa / Master Card / Discover (circle one)

***Card Number** _____ - _____ - _____ - _____

***Expiration Date** ____/____ mo/yr Card verification number ____

***Card holder Signature** _____

Please return this card to:

Little Lambs Ministry / P.O.Box 87463 / Carol Stream, IL 60188

*required fields