

Church Partnership Response Form



Blanketing Our Cities With Prayer & The Gospel Of Jesus Christ

Church Partnership Response Form

Yes, we want to Partner with this Missions Ministry, to help make a positive difference in the lives of Youth and Adults in our communities through the following ways:

We will **pray for the ministry**

We will encourage members to **volunteer** as their schedule allows Clerical As a mentor
 wherever needed

We will **Adopt-A-School** near our Church School name: _____
 Assign us a school

We will **Adopt-A-Street** for the *Goals For Souls* We'll participate in the **Prayer Mobilization**
 Send us more information

We will participate in **Building Effective Youth Ministries in our Churches and Youth Leader Networks in our Communities**

We'll share a **monthly donation** of \$75 \$50 \$25 We'll share a **single donation** of \$900
 \$600 \$300 other \$ _____

Your Name _____ Date _____
Address _____ City _____ Zip _____
Phone(____) _____ Fax(____) _____ Email _____
Church/Ministry _____ Pastor/Director _____

Please make checks payable to:

Ministry of Reconciliation

P.O. Box 202206 Shaker Hts., Ohio 44120

(All donations are tax deductible)

Phone: 216-464-1900 **Fax:** 216-464-1901

Email: ministryofreconciliationinc@gmail.com

Website: www.ministryofreconciliationinc.com

Individual Partnership Response Form



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Individual Partnership Response Form

Yes, we want to Partner with this Missions Ministry, to help make a positive difference in the lives of Youth and Adults in our communities through the following ways:

I will **pray for the ministry** I will **volunteer** as my schedule allows Clerical As a mentor
 wherever needed

I would like to help with the **Stop The Violence Campaign** I would like to help with the **True Love Waits Campaign**

I will **Adopt-A-School** near my Home and/or my Church School name: _____
 Assign me a school

I will **Adopt My Street** for the **Goals For Souls** I will participate in the **Prayer Mobilization** **Send me more information**

I will participate in **Building Effective Youth Ministries in our Churches and Youth Leader Networks in our Communities**

I will share a **monthly donation** of \$30 \$20 \$10 I will share a **single donation** of \$360 \$240
 \$120 other \$ _____

Your Name _____ Date _____
Address _____ City _____ Zip _____
Phone(_____) Fax(_____) Email _____
Church/Ministry _____ Pastor/Director _____

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Business Partnership Response Form



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Business Partnership Response Form – (STV) Stop The Violence Campaign

Yes, I/we want to Partner with this Missions Ministry, to help make a positive difference in the lives of Youth and Adults in our communities through the following ways:

I/We will put up **Posters, distribute flyers and/or make handouts available**

I/We will encourage parent and students to enter the **STV Campaign Contests** I want to help with the **Friday Night LIVES**

I/We would like to consider being a **“Keeping Youth Alive” Radio Program Sponsor**

I/We will **purchase a STV T-Shirt(s)** a **STV Button(s)** to promote the cause

I/We would like to **volunteer** as my schedule allows I will encourage our employees to **volunteer** as their schedule allows

I/We will **share a monthly donation** of \$100 \$50 \$25 **a single donation** of \$1,200 \$600 \$300
 Other \$ _____

| | |
|-----------------------|------------------------|
| Your Name _____ | Date _____ |
| Address _____ | City _____ Zip _____ |
| Phone(_____) | Fax(_____) Email _____ |
| Church/Ministry _____ | Pastor/Director _____ |

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