

SON BROADCASTING NETWORK - MAIL-IN REPLY FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

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

One Time Gift Amount: \$\_\_\_\_\_ (Please check a designated fund)

- General Fund
- Equipment Fund
- Satellite Missionary Fund
- Where Needed Most

Monthly Donation (Please check a designated fund)

- Keystone 4000 (\$25 a month or more to general fund)
  - \$25 per month (\$300)
  - \$50 per month (\$600)
  - \$75 per month (\$900)
  - \$100 per month (\$1,200)
  - \$250 per month (3,000)
  - Other: \$\_\_\_\_\_ per month
- Satellite Missionary Fund (Please circle one)
  - \$400 per month (1 person covers an entire city)
  - \$200 per month (2 people cover a city)
  - \$100 per month (4 people cover a city)
  - \$50 per month (8 people cover a city)
  - \$40 per month (10 people cover a city)
  - Other: \$\_\_\_\_\_ per month

• CHECK PAYMENT:

CHECK NO. \_\_\_\_\_ AMOUNT ENCLOSED: \_\_\_\_\_

• CREDIT CARD PAYMENT

Please charge my credit card in the amount of \$\_\_\_\_\_

(Circle One) VISA MC DISC AMEX EXP\_\_\_\_/\_\_\_\_

Credit Card Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_ One -Time \_\_\_ Monthly Automatic gift-transaction date:

(Circle one) 1<sup>st</sup> of month 15<sup>th</sup> of month

Name as it appears on Credit Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Fill out entire form and mail or fax to:

Son Broadcasting Network  
Attn: Donor Development  
PO Box 4338  
Albuquerque, NM 87196  
Voice: 505.345.1991 Fax: 505.345.5669

*“Proclaim the good news of His salvation from day to day. Declare His glory among the nations, His wonders among all peoples.” ~ I Chronicles 16:23-24*

*Thank you for your generosity. All gifts are tax-deductible as allowed by law. Please make checks payable to Son Broadcasting. Thank You!*