

Partner With Us!

Please complete both the top and bottom portions of this form. Keep the top one for your personal records and mail the bottom one to:

Hope Open Bible of Orlando
P.O. Box 783871
Winter Garden, FL 34778-3871

Name: _____

Address: _____

E-mail: _____

Yes, God is leading me to partner with Hope Open Bible of Orlando and this is how I would like to help: (check all that apply)

- I would like to be a daily prayer partner

You can reach me with prayer requests best at:

_____Address _____E-mail

- I will be praying for you as God lays it on my heart.

- I would like to give a one-time financial contribution of: \$ _____

- I would like to support this ministry monthly for:

_____1 yr. _____2 yrs. _____3 yrs.

In the amount of \$ _____

- I would like to help in the area of _____

- Please add me to your mailing list.

Detach here

Name: _____

Address: _____

E-mail: _____

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