



Please complete and mail to Life Network at:  
3700 Galley Rd. Colorado Springs, CO 80909  
Or fax to: (719) 573-7960

**Yes!** I want to join the life-saving ministry of  
Life Network as a Partner for Life.



**Partnership Level:**

- \$25/month
- \$50/month
- \$100/month
- Other \$ \_\_\_\_\_/month

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church: \_\_\_\_\_

- I have enclosed my first monthly donation of \$ \_\_\_\_\_ and would like to be billed monthly.
- I would like to donate by automatic withdrawal from my bank account (Please complete information below)

**Electronic Funds Transfer**

Amount per month: \$ \_\_\_\_\_ (Transactions occur on the 20th of the month)  
 Name of Financial Institution: \_\_\_\_\_  
 Address of Financial Institution: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

- Checking
- Savings

*Please return a voided check from your personal checking account or a deposit slip from your savings account along with this form.*

By signing below, I authorize Life Network to deduct the amount specified above from my savings or checking account each month. This authority will remain in effect until I submit to Life Network a written request to cancel transactions, providing Life Network with a reasonable amount of time to act on it.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_



Because Life Matters.

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www.elifenetwork.com

