Blandine Walls Ministries Partnership
Pledge Form

Name _____

Address _____

City, State, and Zip _____

I, _____ would like to become a ***Faith Partner*** and agree to a regular monthly gift and receive an appreciation gift from Blandine:

☐ $20.00 ☐ $50.00 ☐ $100.00

I am unable to contribute $20, $50, OR $100 monthly but can give. I can give $ _____

X _____ _____
Signature Date

Please mail this form and your check or money order to:

Blandine Walls Ministries
3626 Monroe St
Toledo, OH 43606
Local (419) 241-2728
Long Distance 1(888) 844-4578