

Gates of Glory Committee Donation Form

Date	_____
Name	_____
Address	_____
City/St/Zip	_____
Phone	_____
Email	_____

Committee		
Helps and Hospitality	\$ _____	
Media and Publications	\$ _____	
Sound and Visual Engineering	\$ _____	
Children Ministries	\$ _____	
TOTAL	\$ _____	

Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa Master card <input type="checkbox"/>	
Credit Card _____	Exp Date _____
Cardholder Signature _____	

Mail To:

Gates of Glory Church
P.O. Box 4679
Dallas, Texas 75208