

## BALLEY'S Partnership Card

I would like to Partner with Bailey's Lodge Ministries!

This donation is made on behalf of:	
An Individual A Busin	iess
CONTACT INFORMATION	
Name	
Business (if applicable)	
Address	
ity Zip/PC	
Phone Number	
l'd like to receive a newsletter by: 🔘 Ema	ail () Mail
DIRECT MY PARTNERSHIP	
○ Bailey's Lodge General Fund ○ Staff Specific Staff:	Member
FREQUENCY	
One Time Donation  Amount: \$	1st of the month 15th of the month (circle one)
PAYMENT TYPE	
○ Cash ○ Check/ACH ○ Co	redit Card
Exp. Date: CVV:	
Signature:	at /crodit card

US: you will receive a tax receipt for each donation of US \$250 or more.

CAN: Total donations over \$50 / year will receive a tax receipt

Date:

Thank you for your continued support of Bailey's Lodge, a sub-entity of The Lantern Ministries. Your partnership supports our ongoing programs, our staff, and allows us to continue serving our community. The Lantern Ministries is a Section 501 (c)(3) non-profit.