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Corporate Partnership

		Par	tner	Inform	ation				
Full Name:	Last			Fir	ot A	Date:			
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Address:									
Street Address						Apart	Apartment/Unit #		
	City				State	ZIP C	ode		
Phone:				Email_					
		Programs y	you v	vish to	partner with				
A recurring monthly gift		YES	NO		Year-end matching grant program.			NO	
Cost-share in fundraisers.		YES	NO		Maximum contribution to matching grant program.			gram.	
One-time	gift of								
To donate	e with a debit or credit car	d please go to our w	vebsite	www.gra	acehavenministries.com/Pa	artners.html			
Would you like to be contacted in the future for ongoing partnership opportunities							YES	NO	

The mission of Grace Haven Ministries is to support and encourage the body of Christ by offering help and healing to broken hearts. We believe that the answer for the brokenness of humanity is only found through emotional and spiritual healing in Christ Jesus. We seek to help individuals find that healing through compassionate care, showing them how to take their brokenness to Jesus.

We believe the gospel should be offered at no charge; your partnership with us allows us to offer this hope to broken marriages and relationships.

Grace Haven is registered with the State of Indiana as a 501c3 non-profit organization. All donations to Grace Haven Biblical Renewal Ministries are tax deductible.