



Midas Touch Hope

For Lit Angels Tree

902 Broad St., Wichita Falls, TX 76301

Email: info@midastouchministries.org

Website: midastouchministries.org

Phone: (817) 703-3093

Outreach * Education * Jail * Prison Ministries

Help Make the Vision Come Alive to Touch Lives!

I would like to give a donation in the amount of \$ _____.

(Please Check One): One Time Monthly Quarterly Annually

Become a **Partner** and have your name added to the Midas Touch Ministries plaque: Minimum pledge amount \$1,000.00.

Become a **Sponsor** and have your Company, Organization, or Individual name added to the Midas Touch Ministries plaque, and company logo added on website for one year: Minimum paid pledge amount \$2,500.00.

Midas Touch Ministries Corporation

Mailing Address:

902 Broad St. #125
Wichita Falls, TX 76301

Make all checks/money orders payable to and remit to Midas Touch Ministries at address above.

MISSION

Endow men, women, and children who are destitute of life or spirit with enrichment tools necessary to live a life: spirit-filled, healthy and victorious.

Yes, I would like to **Partner** with Midas Touch Ministries through my pledge in the amount of \$ _____.

Yes, I would like to become a **Sponsor** with Midas Touch Ministries through my pledge in the amount of \$ _____.

(Please check one)

One Time Monthly Quarterly Annually

Company/Organization/Individual Name: _____

Phone: _____ Email: _____

Amount Enclosed \$ _____ Check# _____

Credit Card type (Check one):     Visa, MC and DISC: 3-digits AMEX: 4-digits.

Credit card number: _____ Exp: _____ Credit Card Verification Code: _____

Please print your name as it appears on your card, including your middle initial if necessary (please print legible):

Suffix: _____ Last Name: _____ First Name: _____ Middle Name/Initial: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

____ Yes, I would like to receive a receipt of credit card transaction(s), and reminders of monthly, and annual pledge amounts as indicated charged to my credit card. I would like to receive advertisement of upcoming events from Midas Touch Ministries.



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Midas Touch Ministries Corporation Pledge Receipt

Date: _____ Type of Pledge: _____ Amount: \$ _____

Credit Card Payment Method: _____ Check No.: _____

Donation Only Duration: _____ Emailed Logo Date: _____