Touching Nations Today, Inc.
19387 Hidden Oaks Dr.
Brooksville, FL 34604

TOUCHING NATIONS TODAY

"Whatever He says to you, do it."
John 2:5

Partnership Form

Yes, I would like to partner with a TNT missionary!

Missionary Name: _____ **Account Pin**:(_____)

Full Name(s): _____

Address: _____

City: _____ **State:** ___ **Zip Code:** _____

Email Address: _____

Cell: ( ) _____ **Home: ( )** _____

This special gift of $_____.____ is to be given (please circle one) Bi-weekly Monthly One Time

My giving will begin on: _____ _____
(Month) (Year)

Bank Withdrawal:

Please send a voided check to above address and select account type:

Checking Savings Business Checking

Credit Card Withdrawal :

Visa MasterCard American Express Discover

Name on Card: _____

Credit Card #: _____

Expiration Date:_________ **3 Digit code on back of card:** ___

Please check here if the billing address is the same as above: ( )

Or

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Authorizing Signature: _____ **Today's Date:** ____/____/_____

Automatically withdraw from my account on: (Circle one) 1st 15th

Welcome to the Team!

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