

Orthodox Anglican Financial Support Statement

Name		Street Address	
City		State or Province	Postal Code
Telephone Number		E-mail Address	
I Wish to Support Orthodox Anglicanism in the Following Manner:			
Description of Contribution			Amount
<input type="checkbox"/> I Wish to Make a Contribution to the Orthodox Anglican Communion.			\$
<input type="checkbox"/> I Wish to Make a Monthly Pledge to the Orthodox Anglican Communion.			\$
<input type="checkbox"/> I Wish to Contribute to the Development of the New Seminary in Nairobi, Kenya.			\$
<input type="checkbox"/> I Wish to Make a Contribution to Saint Andrew's Theological College and Seminary.			\$
<input type="checkbox"/> I Wish to Adopt the Following Mission:			\$
<input type="checkbox"/> I Wish to Offer the Following Assistance:			\$
Total			\$
Method of Contribution			
<input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Certified Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
<input type="checkbox"/> Bill My Credit Card for My Monthly Pledge of \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			
<i>Make checks and money orders payable to the Episcopal Orthodox Church. Credit card payments accepted for U.S. residents only</i>			
For Credit Card Payments			
Your Name as it Appears on the Card			
Your 16 Digit Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
The Expiration Date on the Card	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Your Legal Signature			

Mail To:

The Orthodox Anglican Communion
 464 County Home Road
 Lexington, NC 27292, USA

