ASCENSION MINISTRIES INTERNALIONAL
MAIL-IN PARTNERSHIP FORM

"I thank my God every time I remember you. In all my prayers for all of you, I always pray with joy because of your *partnership* in the gospel from the first day until now."

— Philippians 1:3-5 NIV

☐ **Yes, I would like to become an Ascension Partner.**

☐ **Yes, I will support the work of Ascension Ministries through prayer and financial offerings as the Lord leads me.**

Name:_____
(First) (MI) (Last)

Address:_____

City:_____ State:_____ Zip:_____

Country:_____ Province:_____

Home Telephone:_____ Mobile:_____

E-mail:_____ Website:_____

Spouses Name:_____
(First) (MI) (Last)

Children's Names: _____

_____
Signature Date

Briefly explain why you want to become an Ascension Partner: *(Use back side if necessary)*