

# "Rebuilding Lives and Communities Since 1975"



VOICE  
OF  
CALVARY  
MINISTRIES  
vocm.org

## The VOCM Millennial Team

The Voice of Calvary Ministries (VOCM) Millennial Team is a group of **1000** people who pledge to give a minimum of **\$1,000** over the next four years. Members of this team give a **one time donation of \$40.00 to register** as a team member, and then give **\$20.00 per month** for the next 48 months. Once this team is fully in place, over the next four years we will be able to:

- **Assist 50 families to move from poverty to sustainability through Circles®**
- **Rehab at least 10 new houses**
- **Assist 400 children to attend our after school program and summer program**
- **Assist 100 individuals to achieve a GED**

*To become a Millennial Team member, make out a \$40.00 check to **Voice of Calvary Ministries** and then return the form below with your donation.*

***Thank you for joining our team!!***

----- Detach Here -----

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_ Zip: \_\_\_\_\_

**Email:** \_\_\_\_\_

I pledge to give \$20.00/month for 48 months as a member of The Millennial Team

I would prefer an automatic draft of my bank account

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

I hereby authorize the financial institution named above to pay my monthly contribution of \$ \_\_\_\_\_ on the  1st day of each month or  15th of each month, beginning on \_\_\_\_\_ (date).

By charging each payment to my account and to make that deduction payable to the order of Voice of Calvary, I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Voice of Calvary reserve the right to terminate this payment plan (or my participation therein).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return this authorization and a VOIDED check on your account to:** P. O. Box 10562, Jackson, MS 39289