



Individual Partnership Form

_____ I/We would like to donate to PaLM an end-of-the-year gift of \$ _____

_____ I/We would like to pledge to PaLM a donation of \$ _____

monthly quarterly semi-annually annually for the year 20_____

_____ I / We would like to pray for Howard, his family, and the PaLM ministry regularly. Please

e-mail me / us your prayer requests (provide e-mail address below)

send me / us your prayer requests via postcard

_____ I / We would prefer that PaLM take me / us off ALL of PaLM's mailing lists.

Please complete and return this form to:

PaLM
48-19 196th Street
Fresh Meadows, NY 11365-1316

If you are enclosing a check, **please make your check out to PaLM.**

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____

E-mail address: _____

Tax-deductible receipts are issued at the end of the year.