

Partner Form

Make your U.S. tax-deductible gift payable to:

**Willing Servant Ministries
PO Box 291154
Port Orange, Fla 32129-1154**

Please print and return this form with your donation.

- Yes! I would like to begin partnering with Willing Servant Ministries in the Dominican Republic. I am willing to commit \$ _____ monthly.
- I am already a partner. Enclosed is my monthly offering: \$ _____
- I would like to partner with Willing Servant Ministries with this one time gift of \$ _____
- I will be a prayer partner !

I would like to support the clinic in Paradise Village. I am willing to commit monthly \$ _____ or a one time gift of \$ _____

Name:

Address:

Telephone: () _____

Email: _____

- Change of Address or new information.

Thank you for partnering with Rob and Tina Iannone in the Dominican Republic !