

Would you like to be a part of this ministry?

I/We want to partner with the Restoration Ministry.

I/We want to invest \$ _____ monthly for
1, 2, or ____ years

I/We want to invest \$ _____ annually for
1, 2, or ____ years
in the month of _____

I/We want to invest \$ _____ as a one-time gift

I/We will send the gift

___ electronically through the website using PayPal
___ by automated transfer from my bank to The
Embassy Center, Inc account, Missouri Bank II
___ postal mail

Other _____

Contact Information:

Name: _____

Street Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Make checks payable to The Embassy Center, Inc

Thank You and Blessings

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Sedalia, MO 65301

660-851-2283

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Website: theembassyinc.org

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