



PO Box 680145 * Charlotte, North Carolina 28216 * Phone: 704-765-6114 * Email: redeemedcmclt@gmail.com
www.rcmcharlotte.com Dr. C. D. Moses – Senior Pastor

REDEEMED COVENANT PARTNER

I, _____, pledge to be a Redeemed Covenant Partner.
(Print Your Name)

I Pledge to give:

- \$25 Monthly \$50 Monthly \$75 Monthly \$100 Monthly
- A One-Time Gift of \$100 A One-Time Gift of _____
- A Special Gift of _____
- Weekly Bi-Weekly Monthly Every 3 Months Yearly

RCM COVENANT with our Partners to...

**Intercede for your prayer requests,
and send an Inspirational Word to you as the Spirit leads us.**

To become a Redeemed Covenant Partner, please complete the attached form. All donations to this ministry are tax-deductible. RCM is a non-profit, tax-exempt organization. Please make your donations payable to RCM and mail it to:

Redeemed Christian Ministries
P.O. Box 680146
Charlotte, North Carolina 28216

For any other questions, please e-mail us at redeemedcmclt@gmail.com

REDEEMED CHRISTIAN MINISTRIES COVENANT PARTNER FORM

Name	
Mailing Address	
Phone Number Home & Cell	
Birth Day (month/day) ONLY	
Email Address	

Credit Card Payment Authorization Form

Sign and complete this form to authorize **REDEEMED CHRISTIAN MINISTRIES** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

One Time Gift Amount _____	Date For This Gift _____
Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Expiration Date _____	

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.