

I/We will help the Hurting Churches  
Fund grow with a contribution of

\$ \_\_\_\_\_

Check enclosed

Charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

# \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_  
Name Please Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

ZIP

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Return Card and Payment to:

NACCC

PO Box 288

Oak Creek, WI 53154