

**Life Membership, Memorial, Love Gift or Partner in Ministry
Submission Form**

Please allow 30 days for certificate to be completed. Complete the form entirely.

Send this document, along with a **check payable to ARP Women's Ministries**

Mail check and form to Judy Kovacs, Treasurer
503 Tall Ship Drive, #301.
Salem, SC 29676
864.719.0335

Write the type of gift(s) in the memo section of your check Categories.

- \$ 30 Love Gift
(Receive a certificate suitable for presentation)
- \$ 30 Memorial Gift
(Receive a certificate for presentation to family)
- \$ 75 Lifetime Membership
(Receive a certificate and a pin)
- \$100 Partner in Ministry
(Receive a certificate and pin)

Certificate Information:

Presbyterial: _____ Church: _____

Recipient:

Presentation Type (Circle one): Love Gift Memorial Life Membership
 Partner in Ministry

Given by:

Mail Certificate (and pin, when applicable) to:

Date needed _____ Signature _____

Phone: _____ Email: _____