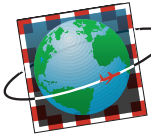


- I will uphold \_\_\_\_\_ in prayer.
- Enclosed is a one-time tax deductible gift of \$ \_\_\_\_\_.

My gift is in response to:

- an e-mail, letter, presentation or visit by:  
\_\_\_\_\_
- an Ad in \_\_\_\_\_
- Other: \_\_\_\_\_



**R.P. Missions**  
3004 - 5th Ave.  
Beaver Falls, PA 15010-3671

If you have any questions, contact us at:

**ProclaimChrist@RPMissions.org • (724) 384-8327**

You can also make credit card recurring or one-time gifts online at: **www.RPMissions.org** or by completing the back of this card.

RP Missions

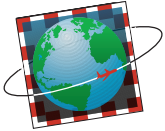
**Please complete the information below:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

- Please issue my year-end receipt via the e-mail address above.  
 Please mail my year-end receipt to the address listed above.  
 Please e-mail prayer updates to the e-mail address above.

*RP Missions appreciates your prayers and support. We view your financial gifts as part of your support of Christ's Church above and beyond the tithe with which Christ has directed His people to support their local church.*

**R.P. Missions**



*Serve. Proclaim. Disciple.*

*Would you consider becoming a regular donor to the work of RP Missions?*

- I would like to support the ongoing work of RP Missions by becoming a regular contributor at the following level:
- \$10     \$20     \$25     \$50  
 \$75     \$100     Other \$ \_\_\_\_\_
- contributed  Weekly     Monthly     Quarterly     Yearly

Please direct my regular giving to:

- Scholarship Aid     Leadership Training  
 Team Travel     Office Equipment/Materials  
 Travel     Where needed most

- Process a one-time credit card gift (tax deductible) of \$ \_\_\_\_\_.

**Print & Sign to establish donation(s) via credit card.**

I authorize RP Missions to make charge(s) to my credit card as directed on this page. This authority will remain in effect until I give reasonable notification to terminate this authorization.

**Print the following information and sign to initiate your regular contributions:**

Select Credit Card Type:  VISA     MasterCard     Discover

Cardholder Name: \_\_\_\_\_

Account #: \_\_\_\_\_

CID #: \_\_\_\_\_ (Final three digits printed in the signature panel on the back of your credit card)

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(NOTE: Include Billing Address if different from that supplied on the other side of this response card.)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_