

## KSM MINISTRIES CONTRIBUTION FORM

First and Last Name

Address

City, State, Zip

Phone

Email

Check the following as they apply to you:

- I will be praying for KSM. Keep me informed.
- I want to volunteer. Send me more information.
- I am sending a one-time *tax deductible* gift of  \$
- Click [here](#) to donate online.

As the Lord enables, I will support KSM with a *tax deductible* contribution of:

- \$ monthly
- \$ quarterly
- \$ semi-annually
- \$ annually

Question or comment:

*Make checks payable to: Keiyo Soy Ministries*

*Mail to: Keiyo Soy Ministries  
P.O. Box 27727  
Philadelphia, PA 19118*

