



## 2009 Pledge Form

"Bringing the healing Christ to the broken and hurting."

### Donor / Volunteer Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (cell)	
E-Mail	

I want to receive communications from Bethsaida House by: \_\_\_ email\* \_\_\_ traditional mail  
\*By choosing the email option, you help Bethsaida House be better stewards of the funds we receive.

### 2009 Monetary Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

Please make checks, corporate matches, stock, or other gifts payable to Bethsaida House.

### 2009 Volunteer Pledge Information

\_\_\_ I (we) pledge to become a Partner in Prayer. I can volunteer \_\_\_ hours per month to come to Bethsaida House and pray for others and assist with other tasks as necessary.

\_\_\_ I (we) pledge to become a Partner in Promotion, sharing the ministry of Bethsaida House with others in my church, community, and anyone in need. Brochures are available for those who choose this option.

\_\_\_ I (we) desire to be trained in the ministry of healing prayer to be able to participate in private prayer appointments at Bethsaida House and elsewhere.

If you are led to help the ministry of Bethsaida House in other ways than those mentioned above, please take a moment to share your thoughts with us in the space below or on the back of this page:

God bless you for making a commitment to Bethsaida House. Please return this form to:

**Bethsaida House**  
**1820A Wynnton Rd.**  
**Columbus, GA 31906**