



The  
*Lighthouse Keeper*  
Program



Monthly contributions to the  
*Lighthouse for Christ Mission*  
have never been so easy...

Lighthouse for Christ Mission  
PO Box 8318  
Tyler, TX 75711-8318  
TEL 903-593-2157 • FAX 903-849-3504  
E-mail - [ltcc@aol.com](mailto:ltcc@aol.com)  
[www.LighthouseForChrist.org](http://www.LighthouseForChrist.org)

We're glad to be able to offer you *The Lighthouse Keeper Program*, a new way of contributing each month to sustain God's work at the Lighthouse for Christ Mission in Mombasa, Kenya and East Africa.

When you participate, your bank will transfer your gift consistently each month from your checking (or credit card) account directly to the Lighthouse for Christ Mission.

Your gift will go further than before, because:

- Our income will be more predictable, allowing us to make solid commitments to new projects and current obligations.
- Our administrative costs will be reduced.
- You may make your contributions even when you are on vacation or traveling.

As a participant of the program, you are still free to make additional gifts by check or donating appreciated stock(s).

*If at any time you wish to suspend your participation, simply notify Lighthouse for Christ and we will gladly accommodate you.*

FOLD or Cut HERE

How to join...

- Use this enrollment form to indicate the amount you wish to contribute each month from your checking or credit card account.  
*Note: Minimum gift amount of \$25 for EFT & Credit Card giving.*
- Print your name and complete address.
- Sign and date the enrollment form.
- Let us know below how you would like to contribute.  
*It's that simple.*

Please accept my monthly gift of \$ \_\_\_\_\_ (check one below).

- Please transfer from my checking account. A check for my first monthly gift is enclosed. I understand that my bank will transfer future monthly gifts directly from my account on the 3<sup>rd</sup> or 18<sup>th</sup> (please circle date) each month.
- Please transfer monthly gifts from my credit card:

J J J J - - n n n n n n n n n n

- VISA       MASTERCARD      Exp. Date: \_\_\_\_/\_\_\_\_

Please Print

Name(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_ / \_\_\_\_\_  
[optional]

Address \_\_\_\_\_

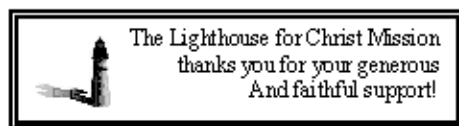
City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone (H / W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
circle one

Email \_\_\_\_\_ @ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please include a blank voided check (no deposit slips please).**

Date _____	
Payable to _____	Amount \$ _____
Dollars _____	CHECK _____
My Bank _____	Signature _____
My City, State _____	
XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX