

Enrollment Form

Please enroll me as a visionary partner for Family Life Restoration Center Inc.

I am already a partner. I want to upgrade!

- I want to be a:
- Level I partner (\$ 50.00 monthly gift)
 - Level II partner (\$100.00 monthly gift)
 - Level III partner (\$150.00monthly gift)
 - Level IV partner (\$ 200.00 monthly gift)
 - Level V partner (\$300.00 monthly gift)

My monthly gift amount: \$ _____ check cash credit card

Charge my donation /order as follow: Visa Master Card Discover American Ex.

_____ Exp. Date ___ / ___ / ___

Name on card (please print) _____ signature _____

Church and Pastors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number _____ point of contact _____

Please mail enrollment form to:
Family Life Restoration Center Inc.
6105 Mableton Parkway
Mableton, Ga. 30126
Phone # 770-944-1066