

***In Light of the Word***  
***World Outreach Ministries***  
**Honor Gift Form**

New Iberia Church of Christ  
Attn: In Light of the Word Ministries  
667 Charles Street  
New Iberia, LA 70560-3811

**I. Please provide your contact information in full:**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

If billing address is different, please provide address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested in receiving information about In Light of the Word via e-mail.

Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_ ) \_\_\_\_\_

**II. I would like to donate the following amount: \$** \_\_\_\_\_

Donating by Check

Donating by Debit/Credit Card – Please provide us with the following information:

VISA  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**III. Please provide the following honor card information:**

In Honor of: \_\_\_\_\_

I would like a honor card without the gift amount mailed to:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How would you like the memorial card to be signed?

\_\_\_\_\_

(maximum of 120 characters)

**IV. Please mail your donation to the address located in the box above.**

For questions, please contact [donors@newiberiacoc.com](mailto:donors@newiberiacoc.com) or 1-337-364-2662.

Thank you for your support. Your contribution is tax deductible.

**”Giving God the glory, we thank you for helping to save a life.”**

<http://newiberiacoc.com> <http://video-sermon.org>