



_____ I understand that I may indicate a specific person that I would prefer to receive the benefit of my contribution **but** grant Warrior Nations Intl. Ministries complete discretion and control over the use of my donated funds to best benefit the Missions Teams or Outreach Ministry.

_____ I understand that my contribution is non-refundable.

The person I would prefer to support is: _____

He/She plans to go on a Missions trip to: _____

The amount of my donation is \$_____. Check # _____

Signature _____

Date _____

Your mailing address:

Name (please print legibly) _____

Street Address _____

City, State & Zip _____