

Staple Check

Partnering with the Parrott's

Please attach this form with any donation, Thank You!

Name: _____ Email: _____

Address: _____ Phone: (_____) _____

I would like to partner with you financially by giving a monthly donation of:

\$200 \$100 \$50 \$ _____

I would like to give a one time gift of \$ _____

I would like information about paying by credit/debit card.

I would like to partner with you through prayer. I commit to pray for you:

Daily Weekly Monthly When I feel led to Pray

Please do not send me any further updates or communication.

I prefer communication by: Mail (USPS) Email Phone (Please Choose Time)

The Best time to Call is: _____ AM PM

***For tax deduction purposes, please make your checks payable to OHOP and send it to P.O. Box 749, Ocoee, FL 34761
(Please do not put our names in the memo line of the check.) Otherwise, make checks payable to Matthew Parrott.***

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