

# *Donation Response Card*

Yes, I would like to partner with Morning Star Ministries.

Count on me for the following:

Frequency:

One Time \_\_\_\_\_ Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Make checks payable to "MS Ministries"

Please return to: Morning Star Ministries  
Attn: Robin & Cheryl Spaulding  
18300 Pratt Road  
Armada, MI 48005

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Enclosed Check: \_\_\_\_\_