



Join the GAPP Team

I/we want to join the GAPP Team! Please enroll us as members in good standing and send us our copy of the "Skeptics Guide to the Global AIDS Pandemic." Also, send us a laminate copy of the "Pray for the Nations" GAPP Prayer Calendar, along with adding us to the GAPP Team Members Only weekly GAPP Alert and GAPP Monthly Report lists.

I/we are committing to support GAPP on a monthly basis and pray to end AIDS!

Our Monthly Support: \$ _____ (suggested \$15.00 per month minimum)

We cannot commit to monthly support but here is our one-time gift of: \$ _____

Name: _____

Organization: _____

Address: _____

City: _____ St: _____ Country: _____ Zip/Postal: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Form of Payment:

Check: \$ _____/Month - Enclosed—I understand that I will be billed monthly via email and pledge to send a monthly support check. Please make checks payable to Global AIDS Prayer Partnership.

Credit Card: MC/Visa/American Express only

Card #: _____ Expiration Date: _____

Name as it appears on credit card: _____

I hereby authorize GAPP to charge my account on a monthly basis on the following date: 5th / 15th / 25th

Signature: _____ Date: _____

GAPP is a ministry of Concerts of Prayer Greater New York, a registered 501C3 non-profit corporation. Credit Card charges will appear on your statement as COPGNY. Your monthly support is a tax-deductible gift.

Mail to: GAPP | PO Box 9157 | Long Island City | NY | 11103

Fax to: 718- 721-8220 attention Peggy

Information provided to GAPP is held in confidence and will not be used for any other purpose beyond the stated purpose of this document. Your information will not be sold or transmitted to any outside party.

Global AIDS Prayer Partnership
www.PraytoEndAIDS.com