

LIFELINE PARTNERSHIP

**LifeLine
2019**

Name _____

Address _____

City/State/Zip _____

Email Address _____

Home Church _____

I/we will trust God to enable a pledge for the next 12 months of:

___\$10 per month ___\$25 per month ___\$100 per month

Other: \$ ___ weekly ___ monthly ___ one time

SACRAMENTO DISTRICT CHURCH OF THE NAZARENE / WWW. SACNAZ. ORG

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