Church/ Group Member

★ Personal Information
    Church or Group Name /_____
    Cell Telephone/_____
    Adress /_____
            Street

    _____
      City   State   Zip

    Email /_____

★ Support Amount(√)

   □ $100 / Monthly   □ $200 / Monthly □ $_____ / Monthly

★ Support Method (√)
□ **Check / Money Order** (pay to / Dail Community of USA)
□ **Auto Pay**
    Bank Name :_____
    Routing No :_____
    Account No : _____
    Transfer Date ;   □ 5th □ 25th (√)

□ **Debit/ Credit Card**
    Type/ □ VISA □ Master □ American Express □ Other
    Card No/_____
    CVV No/_____(3~4 digit security number on the back of the card)
    Exp. Date(mm/yy)/_____
    Name on card/_____

    Signature / _____ Date:_____/_____/_____

★ Please send this support application form to the Dail community of USA office.
    pay to / Dail Community of USA
    Address/ Dail community of USA
        P.O.BOX 337, Suwanee, GA 30024-0337
    (TEL / 770-813-0899, FAX/ 770-813-0133)