



**Turning Point Faith Ministries**  
 Pastor Cassandra Scott  
 P.O. Box 841236  
 Pearland, TX 77584

**TURNING POINT  
 FAITH MINISTRIES**

**EMPOWERING KINGDOM GROWTH IN:**

**FAITH FAMILIES FINANCES FUTURES**

**DATE** / /

**I want to pledge \$**

- Visitor**       **Tithe** \$ \_\_\_\_\_
  - Partner**       **Offering** \$ \_\_\_\_\_
  - Member**       **Pledge Payment** \$ \_\_\_\_\_
  - Pastor's Love Gift** \$ \_\_\_\_\_
  - Seed / Other** \$ \_\_\_\_\_
  - TOTAL AMOUNT** \$ \_\_\_\_\_
- Apply as follows:

**NAME & ADDRESS**

First \_\_\_\_\_ Last \_\_\_\_\_  
 Street Number \_\_\_\_\_ Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE**

**E-MAIL (REQUIRED FOR CREDIT CD)**

someone@somewhere.net

**CREDIT CARD NUMBER**     Visa     MC

**EXP DATE**

\_\_\_\_\_ / \_\_\_\_\_

I authorize amount shown to be charged to my CREDIT CARD via Paypal or other source. (SIGN BELOW) E-mail Required Above.

**CIN#**

\_\_\_\_\_  
 (Last 3-digit # on back of card)

**SIGNATURE:** \_\_\_\_\_