



2009 Commemorative Celebration Funds Form

Title: Mr. ___ Mrs. ___ Ms. ___ Min. ___ Rev. ___ Pastor ___ Dr. ___

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Contact Info: Phone (_____) _____ - _____

E-mail _____

Church Name: _____

Pastor: _____

Amount:

Commemorative Book Church Page @ \$100 per page \$ _____

Commemorative Book Individual \$50 Ad \$ _____

Commemorative Banquet \$60 Ticket Purchase \$ _____

Mail to check and form to

James Paul @ HPEMBA, P O Box 17336, Winston-Salem, NC 27116.

Please Ensure the Form Accompanies the Check.