One Body Collaboratives One Body Collaboratives

Yes, our Church would like to support the work of your ministry.

Suggested Support Levels*

Less than 100 weekly attendees \$50 - \$250

101-250 weekly attendees \$251 - \$500

251 – 500 weekly attendees \$501 - \$1,000

501 – 1,000 weekly attendees \$1,001 - \$1,500

1,000+ weekly attendees \$1,501 - \$2,500

*Please note these are suggested amounts, you may choose any of these amounts, or a different amount based on the support you wish to contribute.

Name:	Title:	_
Pastor Name(s):		_
Church Name:	Phone #:	
Mailing Address:		
Email Address:		
Please list additional staff, clergy ar and other communications about a	nd volunteers who you would like us to add to our rour events and programs:	newsletters
Name(s)	Email Addresses	
	· -	
	· · ·	
Signature:		
Membership Support Amount \$ You can enclose a check or choose h		

Please email completed form to: Mary.Cacioppi@OneBodyCollaboratives.org Or send by mail to: 1280 S Alpine Road, Rockford, IL 61108

Please invoice us: ____ monthly ____ quarterly ____ annually

Year Church was established:
Number of Congregation Members:
Outreach Programs Provided by Church
Program Name:
Description:
Contact Person:
Contact Email:
Program Name:
Description:
Contact Person:
Contact Email:
Program Name:
Description:
Contact Person:
Contact Email:
Program Name:
Description:
Contact Person:
Contact Email:
Program Name:
Description:
Contact Person:
Contact Email: