

Rebuilding Lives, Transforming Our Community

# One Body Collaboratives

**Yes, we would like to become a Member Partner Church!**

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 and volunteers who you would like us to add to our newsletters and other communications about our events and programs:

Name(s)	Email Addresses
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Support Amount \$ \_\_\_\_\_

You can enclose a check or choose how you would like to be invoiced.

Please invoice us: \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually

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

**Please see back side of form**

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: \_\_\_\_\_