

## WDA DONATION FORM

Name:						_
Address:						-
City:	_ State:	_ Zip				_
Phone:	_Email:					_
Staff Name						-
Ministry/Other						-
Amount:	Monthly	Quarterly		Annually		Other
<b>Make checks payable to:</b> Worldwide Discipleship Association PO Box 142437, Fayetteville, GA 30214						