COMPLETE AND RETURN THIS ORDER FORM TO:

CRYSTAL CATHEDRAL MINISTRIES NZ P O BOX 26209 EPSOM AUCKLAND 1030
PH 09 529 5529 FAX 09 5295527 EMAIL info@hourofpower.org.nz

MR/MRS/MISS/MS .....

ADDRESS .....

.....

PCODE .....TELEPHONE (.....).....

EMAIL .....

☐ I ENCLOSE A CHEQUE/MONEY ORDER* IN THE AMOUNT INDICATED BELOW OR

☐ PLEASE DEDUCT THE AMOUNT INDICATED BELOW FROM MY ☐ MASTER CARD ☐ VISA

(PLEASE NO CASH, AMEX OR BANKCARD)

*MADE PAYABLE TO CRYSTAL CATHEDRAL MINISTRIES

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

SIGNATURE ..... EXP ..... /.....

NAME ON CARD .....

| CODE | QTY | ITEM DESCRIPTION | PRICE | TOTAL |
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PLEASE ACCEPT MY DONATION OF $.....

○ PLEASE SEND ME INFORMATION ON THE HOUR OF POWER

○ SUPPORTING HOUR OF POWER IN NEW ZEALAND

○ REMEMBERING THE MINISTRY IN MY WILL

**TOTAL** $_____