

Team Chiropractic Ministry Donation Card

Donor Name: _____

Donation Amount: _____

Street Address: _____

Donation Type:

City/State/ZIP: _____

One time: Monthly: Quarterly: Yearly:

Phone: _____

How:

*You can make checks payable to **Bayleaf Baptist Church**, write "Team Chiropractic Ministry" in the memo line, and drop it off at the front desk with this donation card.*

Email: _____

Yes, I would like to receive updates on Team Chiropractic Ministry!

Mail your check to Team Chiropractic 309 W Millbrook Suite 199, Raleigh, NC 27609.

Yes, I would like this donation to be anonymous.

Thank you!

