



Networking to create a culture of LIFE across Missouri

Our Vision: To unify and champion LIFE ministries

Our Mission: Saving and changing lives by equipping people, empowering ministries and engaging communities toward a culture of LIFE.

Making the Biggest Impact

God has been calling Alliance for Life to utilize our network in a greater way to impact the life cause from border to border in Missouri. We need you! You are an intimate and critical part of His plan...you are the provision for His vision!

If He has put saving life on your heart...please partner with us as a *monthly electronic giver*. No gift is too small...or too large. The faithfulness of a **Alliance for Life Impact Partner** sets us free to focus on ministry...not fundraising.

You are welcome to sow on top of your monthly partnership as the Lord provides and leads...but first make sure we have what we need each month by becoming a **Alliance for Life Impact Partner**. You will save Alliance money, help us plan more effectively, and serve more if we aren't stressing over monthly needs.

The Lord desires that those made in His image know His love and plans for them! Will you co-labor with us in this harvest?

Alliance for Life-Missouri, Inc. is a 501(c)3 non-profit ministry . We operate on donations made by people like you! Your donations are tax-deductible.

(There is a smaller processing fee for AFL if you use a checking or savings account.)

"We thank God for our AFL Impact Partners. Your faithful electronic monthly pledge sustains us and assures we have funding every month, keeping our focus on ministry, not fundraising."



His for Life,
Marsha Middleton,
CEO

Marsha Middleton



Alliance for Life—Missouri, Inc.
106 5th Ave. S, PO Box 65, Greenwood, MO 64034
(816) 806-4168 or (417) 598-1040

I request my bank or credit card company to monthly transfer funds in the amount of \$ _____ (US) until further notice. I understand I am in full control of my donation and any time I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 5th or the 20th (circle one) starting _____ (month).

Checking (attach a voided check) **Visa** Acct. # _____

Savings (attach a voided deposit slip) **MasterCard** Exp. Date _____/_____/_____

Giver's Name _____ Phone _____

Address _____ E-mail _____

City/State/Zip _____ Designation: _____

Date _____ Giver's Signature _____



Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount _____ Bank Account _____

Date of Transfer _____ Credit/Debit Card _____



Alliance for Life - Impact Partner
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