



PLEASE RETURN THIS FORM WITH YOUR APPLICATION TO:

IMPACT NETWORK CHICAGO HEADQUARTERS

c/o Prophet Shirene Anderson

Post Office Box 492 • Matteson, Illinois 60443 USA

Phone: 708.922.0983 • Email: application@IMPACTnetwork.global • Website: www.IMPACTnetwork.global



Date: _____

Enclosed is the \$500 Application Fee for:

Name: _____

Ministry Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

E-Mail: _____

I authorize Crusaders Ministries / IMPACT Network to charge my credit card:

AmEx () Discover () Visa () MasterCard ()

Credit Card Number: _____

Expiration Date: _____ CVV2# (3 digit code from back of card) _____

Name Printed On Card _____

Please charge \$: _____ to my account. Date: _____

Signature: _____