



Orange County 2020 Partnership Application

PLEASE COMPLETE AND RETURN TO JIM WEST
YOUR DONATION COVERS BOTH YOU AND YOUR SPOUSE

Your Name _____ Spouse _____

Home Address _____

City _____ State _____ Zip Code _____

Work Phone (____) ____-_____, Ext _____ Home Phone (____) ____-_____

Cell Phone (____) ____-_____ Email _____

****If your spouse would like to receive all invites and notices from TBG please include their email address:**

Donation Method:

I will fund my annual \$1860 (check which applies):

Monthly (\$155) Quarterly (\$465) Annually – Date: ____/____ (by March 31)

I will fund this via (check which applies):

Check payable to The Barnabas Group Personal, or From my giving fund

Credit card: Visa MasterCard American Express

Account No. _____ Exp _____ Sec. Code _____

Name as it appears on card _____

Authorizing Signature _____

Billing address if different from above _____

Please complete and return this Application by mail (with check) or fax to:

The Barnabas Group
c/o Suzy West, 129 Avenida Cota, San Clemente, CA 92672
Fax: (949) 481-8959

Questions? Call Jim West at (949) 481-6759 • Email: jim.west@barnabasgroup.org