



**THE ALLIANCE OF DIVINE LOVE PLEDGE FORM**  
**SHARE YOUR GIFTS WITH THE WORLD!**

Name:

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Address:

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**COUNT ME IN!**  
**I WANT TO CONTRIBUTE TO OUR MINISTRY GROWING AND THRIVING:**

Please accept my tax-deductible donation of \$\_\_\_\_\_ One Time or \$\_\_\_\_\_ Monthly

Contribute:

- Online via Credit Card online at <https://www.allianceofdivinelove.org>
- Mail in your Check or Credit Card information to:  
Alliance of Divine Love, P.O. Box 238, Flat Rock, NC 28731  
Credit Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Please print out and include this form so we have your information.

*Thank you for shining your light into the world and helping our ADL Ministry to grow!*