

# Women's Discipleship Charter Request Form

Growing Sharing Mentoring

Please complete the necessary information listed below to charter your Women's Discipleship today. Print neatly!

Name of Church: \_\_\_\_\_

Church File # \_\_\_\_\_ Church Phone: (    ) \_\_\_\_\_

Church Address: \_\_\_\_\_

City, State/Nation, Zip Code: \_\_\_\_\_

Your Church of God State/Regional Office: \_\_\_\_\_

Requested by: \_\_\_\_\_ Email: \_\_\_\_\_

State/Regional Director's Name \_\_\_\_\_

State/Regional Director's Address \_\_\_\_\_

City, State/Nation: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Women's Discipleship Charter/Recharter** \$10.00  
*(Includes 50 membership cards free of charge.)*
- Cards over 50 additional .10 per card** # \_\_\_\_\_ Cards @.10 per card \_\_\_\_\_
- Total Due** \_\_\_\_\_

**METHOD OF PAYMENT:** *(Check one)*

- Cashier's check or money order
- Personal/Church check
- m       V       D       A

US Funds Only

\_\_\_\_\_/\_\_\_\_\_  
**EXP. DATE**                                      **CREDIT CARD NUMBER**

Day Phone (\_\_\_\_\_) \_\_\_\_\_ **Credit Card Security Code** \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_ **Billing ZipCode** \_\_\_\_\_

\_\_\_\_\_  
**Cardholder's Name (Please print)**

\_\_\_\_\_  
**Cardholder's Signature**

ALL ORDERS ARE ON A PRE-PAID BASIS

**Mail/Fax form along with monies due to:**  
**International Women's Discipleship**  
Church of God International Offices  
PO Box 2430  
Cleveland, TN 37320-2430

www.womenofpowercog.org  
Fax: 423.478.7891