



**FAITH COVENANT MINISTRIES**  
*Apostolic Teams of Interdependent Churches and Ministries*

TO BE SENT WITH REAPPS IF YOU ARE PAYING BY CREDIT CARD

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Number of reapps \_\_\_\_\_ singles @ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ couples @ \_\_\_\_\_ = \_\_\_\_\_

TOTAL \_\_\_\_\_

I am paying by credit card. AX \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

You may fax in your forms if you are using your credit card.  
Fill out information and fax to: **856-401-1233**.

**24 Whalen Avenue, Sicklerville, NJ 08081**

**Phone: (609) 209-3051**

**Website: [www.faithcovenantministries.com](http://www.faithcovenantministries.com)**