



PROGRESSIVE NATIONAL BAPTIST CONVENTION, INC.  
**Health Ministry Individual Commitment Form**

Please type or print clearly. FORM MUST INCLUDE HOME ADDRESS

(Mr., Mrs., Ms., Minister, Rev., Dr.)

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Church Information**

CHURCH NAME \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHURCH PHONE \_\_\_\_\_ CHURCH FAX \_\_\_\_\_

<b>1. Personal Commitment (\$1.00 per week)</b>	<b>\$52.00</b>
<b>2. Registration for churches, district associations, state conventions (\$50.00 each)</b>	
Local Church _____	\$ _____
District Association _____	\$ _____
State Convention/Fellowship _____	\$ _____
<b>3. Additional Revenue:</b>	
Special Project _____	\$ _____
Health Fair Contribution _____	\$ _____

[Payment must accompany form] Method of Payment: \_\_\_ Check \_\_\_ Money Order  
\_\_\_ Credit Card \_\_\_ AMEX \_\_\_ VISA \_\_\_ Mastercard \_\_\_ Discover

Credit Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print Name as it appears on card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**TOTAL REMITTED: \$ \_\_\_\_\_**

**Credit card payments may be phoned in to PNBC [202-396-0558] or faxed to PNBC [202-398-4998]**