



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 _____

1. Personal Commitment (\$1.00 per week) \$52.00

2. Registration for churches, district associations, state conventions (\$50.00 each)

Local Church _____ \$ _____

District Association _____ \$ _____

State Convention/Fellowship _____ \$ _____

3. Additional Revenue:

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: \$ _____

Mail Completed Forms

To: PNBC * 601 50th St. N.E. * Washington, DC 20019 * 202-396-0558

Credit Card payments may be faxed 202-398-4998 or emailed to membership@pnbc.org