



Mission: SONlight

PLEASE PRINT

SUBSCRIPTION CARD

CHURCH NAME _____

CHURCH PHONE _____ - _____ - _____ PLEASE BILL US: ANNUALLY QUARTERLY

BILLING ADDRESS FOR INVOICES _____

CITY/STATE _____, _____ ZIP _____

SHIPPING ADDRESS FOR DVDs _____

CITY/STATE _____, _____ ZIP _____

SS SUPERINTENDENT _____ P: _____ - _____ - _____

TREASURER _____ P: _____ - _____ - _____

PASTOR _____ P: _____ - _____ - _____

EMAIL _____



Place this form in an envelope and send it to:

MISSION SONLIGHT/NETWORK 7
Box 25468
CHATTANOOGA, TN 37422