

Wells of Hope Ministries, Inc.

1600 First Street

P. O. Box 932

Leighton, AL 35646

Phone No. (256) 446 - 6659 or 381 - 0412

Recruitment Form

Name _____

Address _____

Phone _____

I would like to serve as a:

Board Member

Advisory Board Member

Grant Writer

Volunteer:

Tutor

Ministry Coordinator

Proofreader

Staff Worker

Food Bank Ministry

Van Ministry

Income Tax Worker

Family Planning Ministry

Other _____

• I cannot be a board member/volunteer, but I pledge \$ _____ (amount):
Monthly ___ Quarterly ___ Annually ___ One time contribution ___

• Note that WHM is a 501 (c) 3 organization and all contributions are tax deductible.