



MY OLIVE TREE

Olive Tree Sponsorship Form

Name: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Planted in the name of: _____

Sponsorship Method:

(Circle one)

Check / Cash Visa Mastercard AMEX Discover

Credit card number: _____

Exp: ____/____ Security code: _____ Number of Trees Sponsored: _____

Total to be charged to your card: \$ _____

**Please make all checks payable to:
My Olive Tree**

**Mail to:
Destiny Ministries
PO Box 1081
Arkansas City, KS 67005**

**Destiny Ministries
P.O. Box 1081, Arkansas City, KS 67005
(620) 442-5339**

destiny@destinyministries.com www.GovernFromTheHeart.com