



DONATION

FORM

FOR THE ACCOUNT
OF MICHAEL GLEGHORN

DIRECTIONS

*Please complete this form,
then mail to:*



Suite 2000
2001 W. Plano Parkway
Plano, Texas 75075

www.probe.org

972-941-4565



*A higher standard.
A higher purpose.*

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

GIVING BY:

Check Credit Card Direct Deposit

SUPPORT LEVEL

Monthly : \$25 \$50 \$100 \$ _____

Annual : \$ _____

One-time gift of \$ _____

CHECK

Please make checks out to "Probe Ministries" with
"Michael Gleghorn" on the memo line.

CREDIT CARD

Type: Visa Mastercard Amex Discover

Card # _____

Name on Card _____

Expires _____ CVC _____