

# Minister Transition Packet Order Form

## Personal and Delivery Information:

Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Payment Information:

I am enclosing a check for \$50.00

Please charge \$50.00 to the following credit card:

Card Type:  MasterCard    Visa    AMEX    Discover

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Name as It Appears on Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please submit order form and payment to the Office of Church Relations:

Attn: Karissa Herchenroeder

ACU Box 29405

Abilene, TX 79699-9405

Phone: 325-674-3732

Fax: 325-674-6716

Email: karissa.herch@acu.edu

Minister Transition Packet will be emailed to you within 1 business day of receiving the order form and payment.

Please retain a copy of this order form for your records.

<p><b>OFFICE USE ONLY:</b></p> <p>Order received on: _____</p> <p>Order filled on: _____</p> <p>Order number: _____</p>
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