THE UPPER ROOM

Emmaus Ministries

FEES PAYMENT FORM

TODAY'S DATE: _____

MINISTRY: ____EMMAUS ____CHRYSALIS ____FACE TO FACE

COMMUNITY NAME: _____

NAME OF THE EVENT: _____

DATE OF THE EVENT: _____

DATE OF PAYMENT: _____

NUMBER OF PILGRIMS /PARTICIPANTS: _____

AMOUNT (Emmaus: $25 per pilgrim /Chrysalis: $15 per participant): $_____

PAYMENT METHOD:

____CREDIT CARD IN MINISTRY MANAGER

____CHECK: Check #_____

Sent to: ____ Lockbox
Emmaus Ministries
PO Box 440347
Nashville, TN 37244

____ Office
Emmaus Ministries
1908 Grand Ave.
Nashville, TN 37212

Your Name: _____

Your Role in the Community: _____

Your Phone Number: _____

Your Email Address: _____

NOTE: Please, write on the memo of the check the event's name and number of pilgrims. Send your payment with a copy of the roster of participants.