

Legacy Leadership Forums Financial Covenant

I understand that my LEGACY LEADERSHIP FORUMS (LLF) group will have the benefit of twenty plus years of experience by members and staff of LLF. The tools that have been developed and researched save time, and needless experimentation.

I understand that my LLF group will be supported by a trained Team Leader, members, administration, materials, resource information, Godly counsel, and training.

LEGACY LEADERSHIP FORUMS is a non-for-profit (501(c) 3) faith-based ministry. We are dependent on regular monthly gifts for our operating funds. One of the important features and opportunities of being part of a LLF group is the financial support of the LLF Ministry. An amount of \$225, \$325, \$450 per month per member, respectively, is <u>SUGGESTED</u> and helps ensure the ongoing work of Legacy Leadership Forums. If this amount is burdensome, please discuss this with your team leader or a staff person. We recognize some may be able and desire to provide support at higher levels (II Corinthians 8: 2-5).

I will support the LLF Ministry as follows:	\$ now enclosed with my applica	ation
\$225 monthly beginning	_ if your business gross sales are <u>under one million</u> dollars. (\$2700 yea	arly)
\$325 monthly beginning	if your business gross sales are <u>over one million</u> dollars. (\$3900 yea	arly)
\$450 monthly beginning	if your business gross sales are <u>over two million</u> dollars. (\$5400 yea	arly)
\$monthly beginning	(The amount that is workable for you at this time)	
I will support Legacy Leadership Forums	with one donation payment in the amount of \$for the year.	•
The monthly donation I have committed	to above to LLF will be given thru a Foundation of my choice.	
The monthly donation I have committed	to above to LLF will be given thru my PAYPAL account.	
"Let each one do just as he has for God lo	s purposed in his heart; not grudgingly or under compulsion; ves a cheerful giver." (Il Corinthians 9:7).	
Signature:	Date:	
Please enroll me in Legacy Leadership Forun	rums Electronic Funds Transfer Enrollment Form ns' Electronic Fund Transfer Gift Plan. I understand I will receive tax will also continue to receive updates understanding how God is usir	ng m
•	charge my credit card the amount indicated on the date shown belo	ow.
□ VISA □ MASTERCARD □ DISCOVE		
_	number is: Exp. Date:/	-
NOTE: Gifts can be done Monthly, Quarterly or	Annually – <i>please circle one below</i> Card Security Code:	
Amount of Gift: \$ on the 3 rd day of th OR	ne month to begin: (Month/Quarterly/Year)	-
	the month to begin: (Month/Quarterly/Year)	
Name:	Mailing Address:	
City: State:	Zip:	