Gifts of Honor

If flowers, a card, and kind words are not enough and you find yourself wanting to do more that is fitting, meaningful and sincere, consider expressing your appreciation and love through a Gift of Honor with eternal significance.

A Gift of Honor gives you the opportunity to commemorate a special event and see a loved one honored through the ministry of JESUS Film Harvest Partners. It is a meaningful and lasting way to celebrate the special events (Christmas, birthday, anniversary, graduation, retirement, appreciation, etc.) in the life of a special friend or loved one.

Through your gift, JESUS Film teams will share Jesus, disciple new believers, and plant churches. Based on historical ministry averages, for approximately every $3, one person makes a decision for Christ!

Upon receipt of your gift, a tasteful and attractive card will be sent to the person(s) you recognize, telling them they have been honored in this special way. **Each gift will be promptly acknowledged, and the amount of your gift will never be disclosed.**

For public notices, the honoree and family may place the following in newspapers, church bulletins, etc.:

Gifts of Honor may be sent to:

Gift of Honor for {insert name}
JESUS Film Harvest Partners
15055 W 116th Street
Olathe, KS 66062

www.JFHP.org ◆ 913-663-5700

DETACH ALONG DOTTED LINE AND MAIL

Gift of Honor Form

In Special Honor of :

_____
Name of honoree (Please specify Mr., Mrs., Ms., Dr., Rev.)

Please send card to:

_____
Name if different from person listed above (Please specify Mr., Mrs., Ms., Dr., Rev.)

Address _____

City, State/Prov _____

Zip/Postal Code, Country _____

From (your information):

_____
Your name (Please specify Mr., Mrs., Ms., Dr., Rev.)

Address _____

City, State/Prov _____

Zip/Postal Code, Country _____

Phone ( ) _____

E-mail _____

Signature _____ Date _____

☐ Enclosed is a check for $ _____
Gift amount

Please make your check to:

JESUS Film Harvest Partners
15055 W 116th Street
Olathe, KS 66062

All gifts are tax deductible and will be receipted.

☐ Please charge my credit card $ _____
Gift amount

Card Number

Expiration (MM/YYYY)

☐ VISA ☐ MasterCard

Name as it appears on card

I authorize the amount indicated above to be charged to my credit/debit card.

_____
Signature Date