

2021 Philippine Missions Tour Response Form

Contact Information and Tour Selection:

Name(s) _____ Age(s) _____

Address _____

Phone (Cell) _____ Phone (Work) _____ Fax _____

Email _____

Please check your preference:

- I intend to join the **June Missions Tour (June 15-25, 2021)** I have:
 - enclosed my total payment of \$2,950 per person
 - enclosed my initial airfare deposit of \$100 per person
 - enclosed my non-refundable airfare deposit of \$400 per person
 - enclosed my non-refundable airfare balance of \$900 per person
 - enclosed my partial tour payment balance of: \$ _____
 - enclosed my full tour payment balance of \$1,550 per person

- I intend to join the **July Missions Tour (July 13-23, 2021)**. I have:
 - enclosed my total payment of \$2,950 per person.
 - enclosed my initial airfare deposit of \$100 per person
 - enclosed my non-refundable airfare deposit of \$400 per person
 - enclosed my non-refundable airfare balance of \$900 per person
 - enclosed my partial tour payment balance of: \$ _____
 - enclosed my full tour payment balance of \$1,550 per person

- I intend to join the **August Missions Tour (August 10-20, 2021)**. I have:
 - enclosed my total payment of \$2,950 per person.
 - enclosed my initial airfare deposit of \$100 per person
 - enclosed my non-refundable airfare deposit of \$400 per person
 - enclosed my non-refundable airfare balance of \$900 per person
 - enclosed my partial tour payment balance of: \$ _____
 - enclosed my full tour payment balance of \$1,550 per person

Payment Information: Checks or Money Orders (please check appropriate box)

- \$100. \$400. \$900. \$1,550. \$2,950. (ck/mo # _____)
- Other amount as a partial tour payment balance: \$ _____

(next page)

Payment Information: Credit card payments (please check appropriate box, fill in the required information, and sign at the bottom). Please charge my credit card:

- \$100. \$400. \$900. \$1,550. \$2,950.
 - Other amount as a partial tour payment balance: \$_____

 - Please check the appropriate box: Visa. Master Card. Discover.

 - Card number ____ / ____ / ____ / ____

 - 3-digit security code (on the back): ____

 - Date of expiration __ / __ Billing zip code: (bank requirement): _____

 - Check here if you want the remaining balance to be charged to this card.
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Important information to remember:

- Air Tickets, once purchased, are **non-refundable**.

 - **Please include a photo copy of your USA passport when sending in this form.**

 - Make sure you have a **"CURRENT PASSPORT"** that doesn't expire **within six months of the scheduled return date.** **You can't come without it!**

 - Send this completed form, chosen payment information, **AND a photo copy of your passport to:**
 - Rev. Ethel C. Keyes
 - Mike Keyes Ministries International
 - PO Box 91916
 - Tucson, AZ 85752-1916
 - Tel: 520.743.8336 (office) or 520.331.9976 (cell)

 - **Thousands will be saved and/or healed in these three outreach events. We look forward to spending this ministry time with you, winning the lost in the Name of Jesus!**
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Authorization for credit card payment:

I authorize MKMI (Mike Keyes Ministries International) to charge my credit card, as indicated on this form, for the amount indicated.

Signature _____ Date _____

