

2025 Philippine Missions Tour Response Form

Contact Information and Tour Selection:

Name(s) _____ Age _____

Address _____

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

Email _____

Please check your preference:

- I intend to join the **July Missions Tour: July 15-25, 2025.**
 - I have enclosed my **non-refundable** deposit of \$1,500 per person.
 - I have enclosed full payment of \$3,795 per person.
- I intend to join the **August Missions Tour: August 5-15, 2025.**
 - I have enclosed my **non-refundable** deposit of \$1,500 per person.
 - I have enclosed full payment of \$3,795 per person.

Payment Information:

Check or money order payment (please check appropriate box)

- \$1,500 check \$1,500 money order Full payment of \$3,795

Credit card payment (please check appropriate box, and sign on page 2)

- Please charge the \$1,500 **non-refundable** deposit to my credit card.
- Please charge the \$3,795 full amount to my credit card.
- Other amount to charge: \$ _____
- 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): _____

Important information to remember:

- **Please include a photocopy 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, with credit card payment information, check or money order, AND a photocopy of your passport to:
 - Rev. Ethel C. Keyes
 - Mike Keyes Ministries International
 - PO Box 91916
 - Tucson, AZ 85752-1916
 - Tel: 520.331.9976 (cell)
- **Thousands will be saved and/or healed in these Summer Mission Tours. We look forward to spending this ministry time with you, winning the lost in the Name of Jesus!**

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 _____

Check here if you want the remaining balance to be charged to this card.

What is your preferred t-shirt size, per person? Available sizes: S, M, L, XL, 2XL

Name: _____ Size: _____

Name: _____ Size: _____

Name: _____ Size: _____

Name: _____ Size: _____

Note: T-shirts provided only after full payment is received.

