



The Solid Rock Ministry exists to present the gospel of our Lord to all who are willing to listen by giving them opportunities to experience God's power, presence and peace through a personal relationship with Jesus Christ. We seek to accomplish this by providing musical worship concerts, Biblical teaching and training, and correspondence materials that promote the spiritual, moral, social and educational importance of growth in Christ.

## Making the Biggest Impact

God has been calling The Solid Rock Ministry to increase outreach to inmates and to the country of Cuba. Never has there been a greater opportunity to reach hopeless people with the hope of the gospel. We need you! You are an intimate and critical part of His plan...you are the provision for His vision!

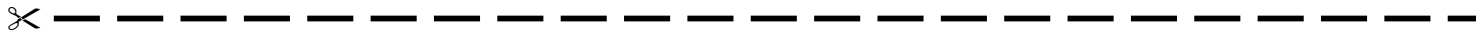
If He has put inmates or the suffering body of Christ in Cuba on your heart...please partner with us as a monthly electronic giver. No gift is too small...or too large. The faithfulness of an **Impact Partner** sets us free to focus on ministry, not fundraising.

You are welcome to sow on top of your monthly partnership as the Lord provides and leads but first make sure we have what we need each month by becoming an **Impact Partner**. You will save this ministry money, help us plan more effectively, and reach more inmates and hopeless suffering Cuba families if we aren't stressing over monthly needs.

The Lord desires that His "lost sheep" know His love and plans for them! Will you co-labor with us in this harvest?

*"We thank God for our Impact Partners. Your faithful electronic monthly pledge sustains us and assures we have funding every month, keeping our focus on ministry, not fundraising"*

*In Christ's Service,  
Tony and Mary Ann Loeffler  
President/Co-Founder*



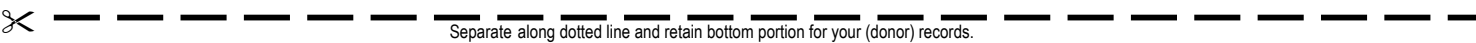
**The Solid Rock Ministry**  
P.O. Box 212938, West Palm Beach, FL 33421  
(561)784-5188

If you would like to complete this form online please go to our secure online giving page at: [www.thesolidrock.org](http://www.thesolidrock.org)

I request my bank or credit card company to monthly transfer funds in the amount of \$ \_\_\_\_\_(US) until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 5th or the 20th (circle one) starting \_\_\_\_\_(month).

**Checking** (attach a voided check)  
 **Savings** (attach a voided deposit slip)  
 **Visa** Acct. # \_\_\_\_\_  
 **MasterCard** Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Giver's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Designation \_\_\_\_\_  
Date \_\_\_\_\_ Giver's Signature \_\_\_\_\_



Separate along dotted line and retain bottom portion for your (donor) records.  
*Thank you! Your faithfulness is appreciated. Please contact us for any changes required.*

Monthly Amount \_\_\_\_\_ Date of Transfer \_\_\_\_\_  
 Bank Account \_\_\_\_\_  Credit/Debit Card \_\_\_\_\_



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